

Name
in
Full

Samuel Angell

CERTIFICATE OF DEATH

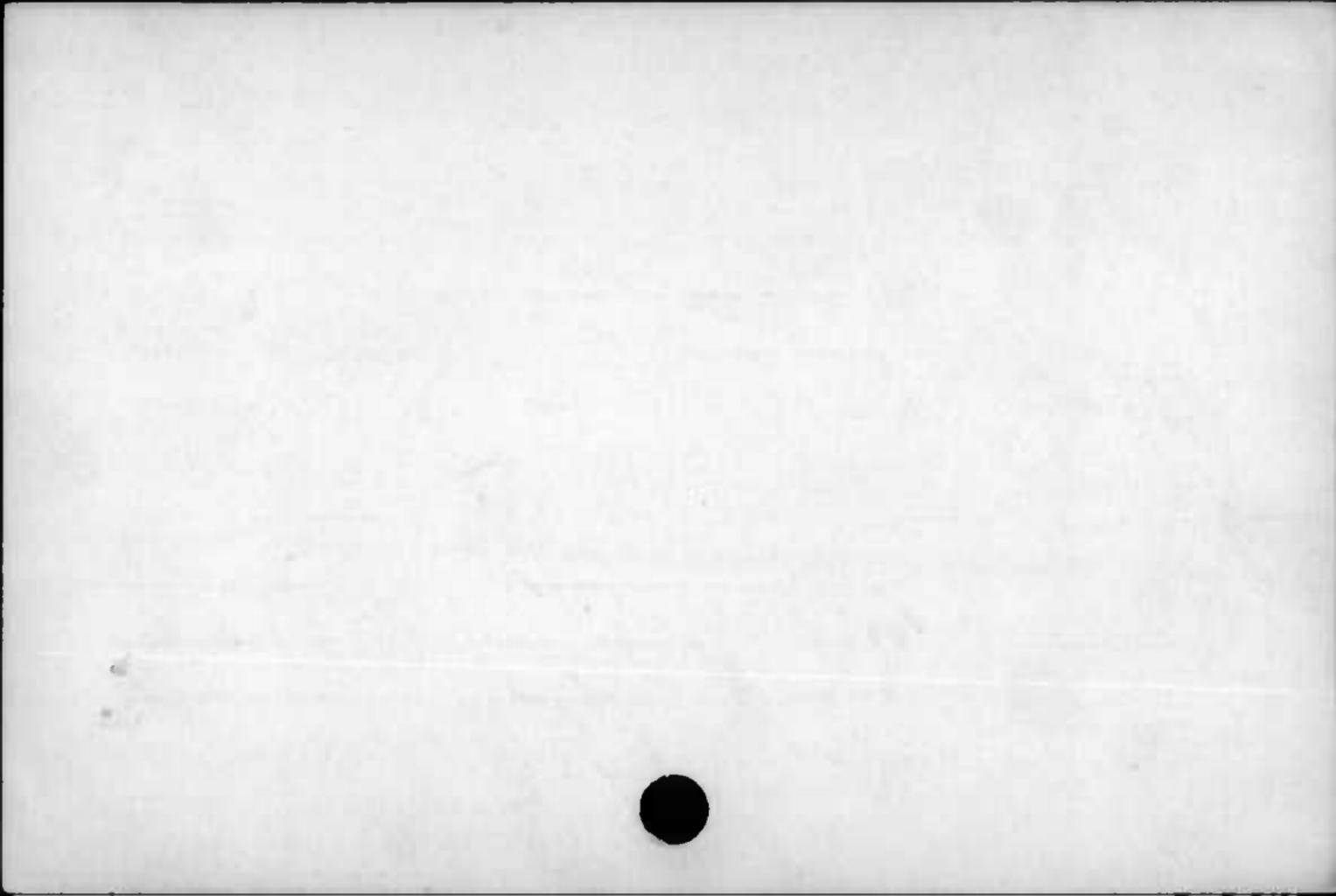
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Catharine Brown		
Father's Name	John Angell				
Mother's Maiden Name	Elizabeth Troxel				
Name of person giving Information	Mary C. Angell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of death		How long
Immediate	179		1 Year
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Address
Accident or Suicide?	Phys. H. Diller Deton Maryland.		



Name
in
Full

Helen J Arnold

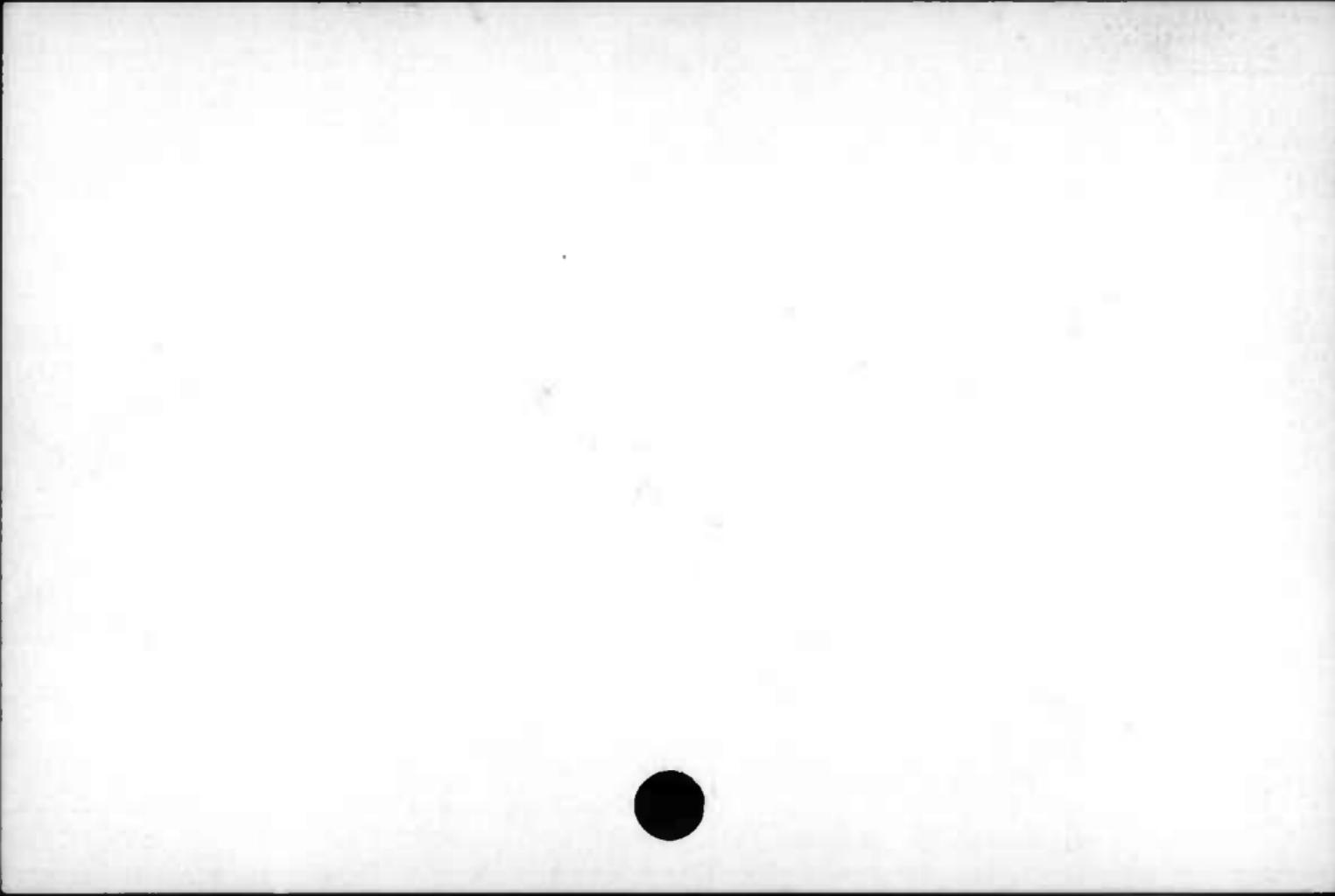
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Jamestown	Carroll			
Date of death	1907	Month 3	Day 14	Years 66	Months	Days 12
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	None			Where Residing if not at place of death		
Married, Separated or Widowed	Widowed	Name of Husband	Augustine J Arnold			
Father's Name	George Spalding			Father's Birthplace	Pa	
Mother's Maiden Name	Mary Livers			Mother's Birthplace	Md	
Name of person giving information	Robert Arnold			How related to deceased	Son	

CAUSES OF DEATH

Primary	Grip	10	How long	4 weeks
Immediate	Congestion of lungs		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	LeBarrie M.D. Jamestown
Accident or Suicide?				



Hebora City

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	March	14	69	69	7	17	
Sex	Color or Race		Birth-place				
Female	W.		Md				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Jordan Retreat				
Father's Name	Henry City		Father's Birthplace	Md			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving Information	Daniel City		How related to deceased	son			

CAUSES OF DEATH

Primary General debility

179

How long

Immediate Exhaustion

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

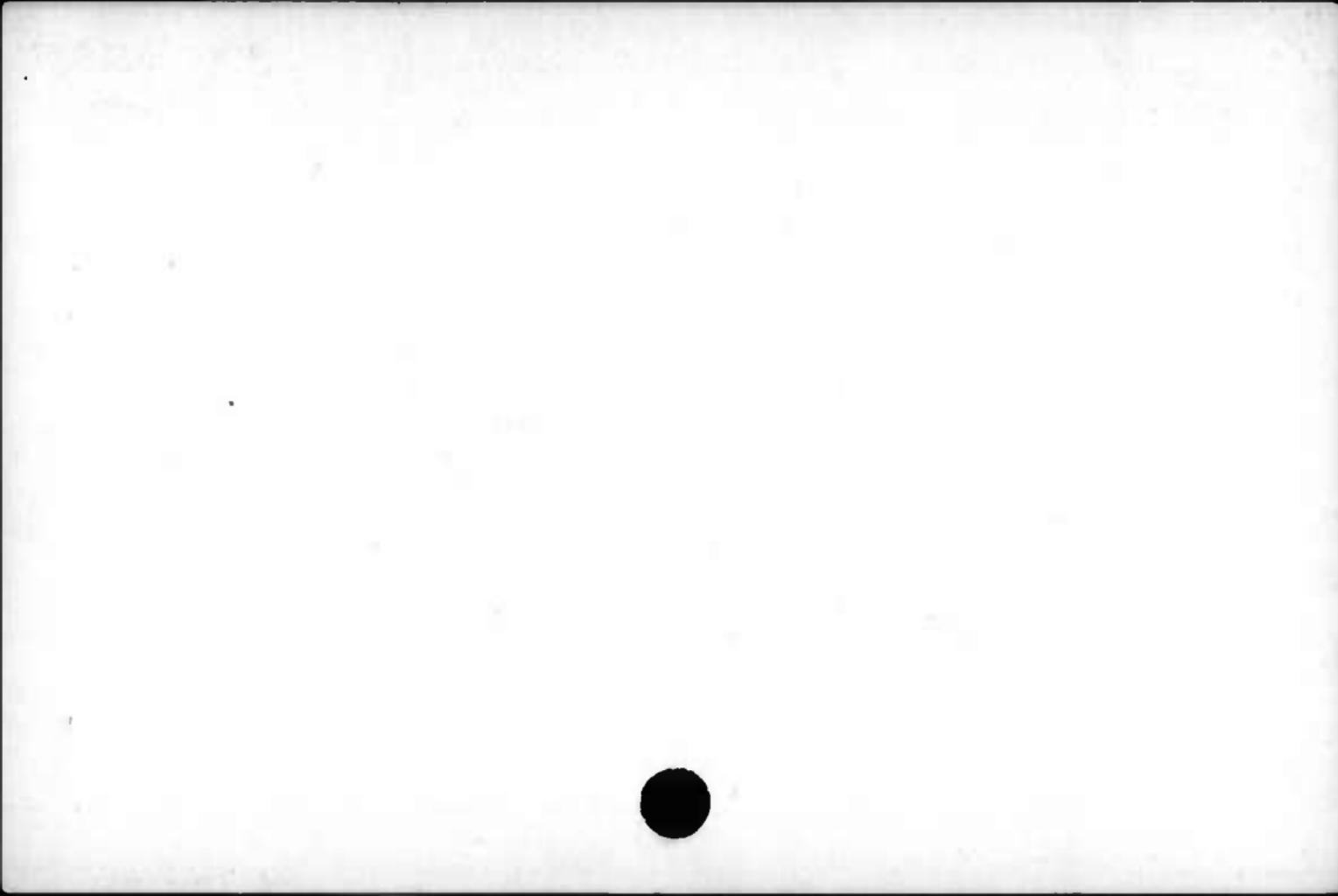
John E. Hatchie

Address

New Windsor

Accident or Suicide?

No



Name
in
Full

Alice M Beard

1016
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster		Town	County Carroll		MARYLAND	
Date of death 1907	Month Mar	Day 13	Age 1	Years	Months 4	Days 8
Sex Female	Color or Race white	Birth- place Maryland				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Jeanie J Beard	Father's Birthplace Maryland					
Mother's Maiden Name Nettie F Shifley	Mother's Birthplace do.					
Name of person giving Information Ellen Beard.	How related to deceased Grand Mother					

CAUSES OF DEATH

Primary	Hooping Cough	⑧	How long 5 weeks
Immediate	Convulsions		How long 15 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. H. Billingsley
Westminster Md -

Accident or Suicide?

No -

Leisters Cam Shaver

Name
In
Full

William John Beggs

No 194
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Westminster	Carroll	
Date of death	Month	Day	Years Months Days
1907	Mar	20	82 5
Sex	Male	Color or Race	white
Occupation	Retired	Where Residing if not at place of death	Ireland
Married, Single or Widowed	Widower	Name of Wife or Husband	Wead
Father's Name	Wm. J. Beggs	Father's Birthplace	South Haven
Mother's Maiden Name	Freigle	Mother's Birthplace	Colombia
Name of person giving Information	Tho. J. Beggs	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

86 years

Immediate

Inanition

How long

One month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Pilkington, M.D.
Westminster, Md.

Accident or Suicide?

No

Beggs Leharel.
Stones.

Name
in
Full

Mary Berney.

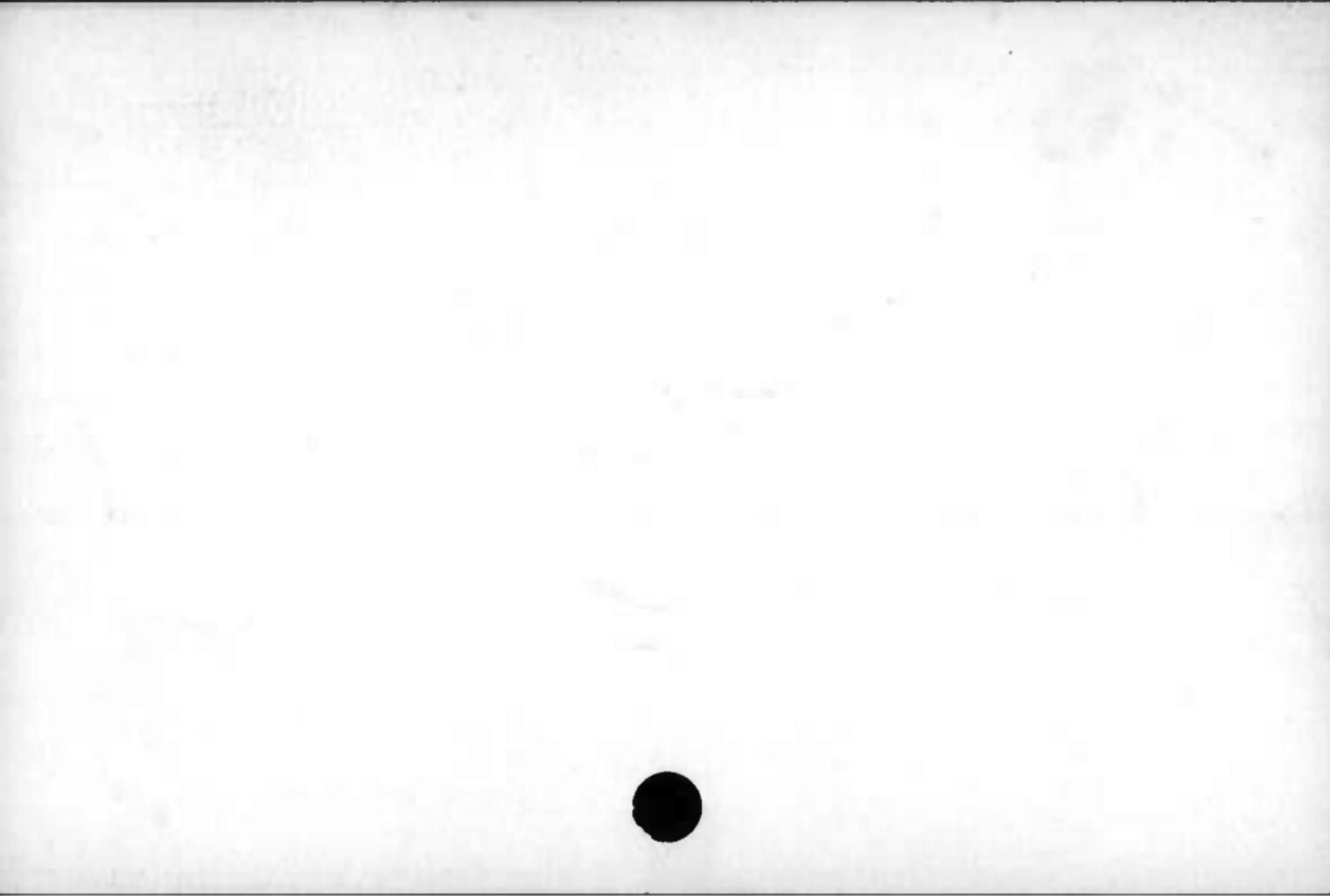
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County		
Died at	Sykesville	Carroll	County		
Date of death	Month	Day	Years	Months	Days
1907	March	29 th	53	-	-
Sex	Color or Race	White	Birth-place		
Female		White	England		
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Husband	John Berney	
Father's Name	Cornelius Wealton		Father's Birthplace		
Mother's Maiden Name	Kate Daisey		Ireland		
Name of person giving information	John Berney		Mother's Birthplace		
			England		
			How related to deceased		
			Husband.		

CAUSES OF DEATH

Primary	Organic Dementia	79	How long	about one year
Immediate	Organic Heart Disease	79	How long	about one year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Norfolk Morris, M.D.	
		Address	Springfield State Hospital	
Accident or Suicide?	-		Sykesville, Carroll Co. Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Deliah Blizzard

167
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	March	17	39	—	—
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	Housework				
Married, Single or Widowed	Where Residing is not at place of death				
Married	Thomas Blizzard				
Father's Name	Thomas Blizzard				
Mother's Maiden Name	Maryland				
Name of Person giving Information	Husband				

CAUSES OF DEATH

Primary	Insensulosis	27	How long
Immediate	"		How long

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jos. J. Herring
		Address	Westmount, Md
Accident or Suicide			

Bethel Cem Camellan

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

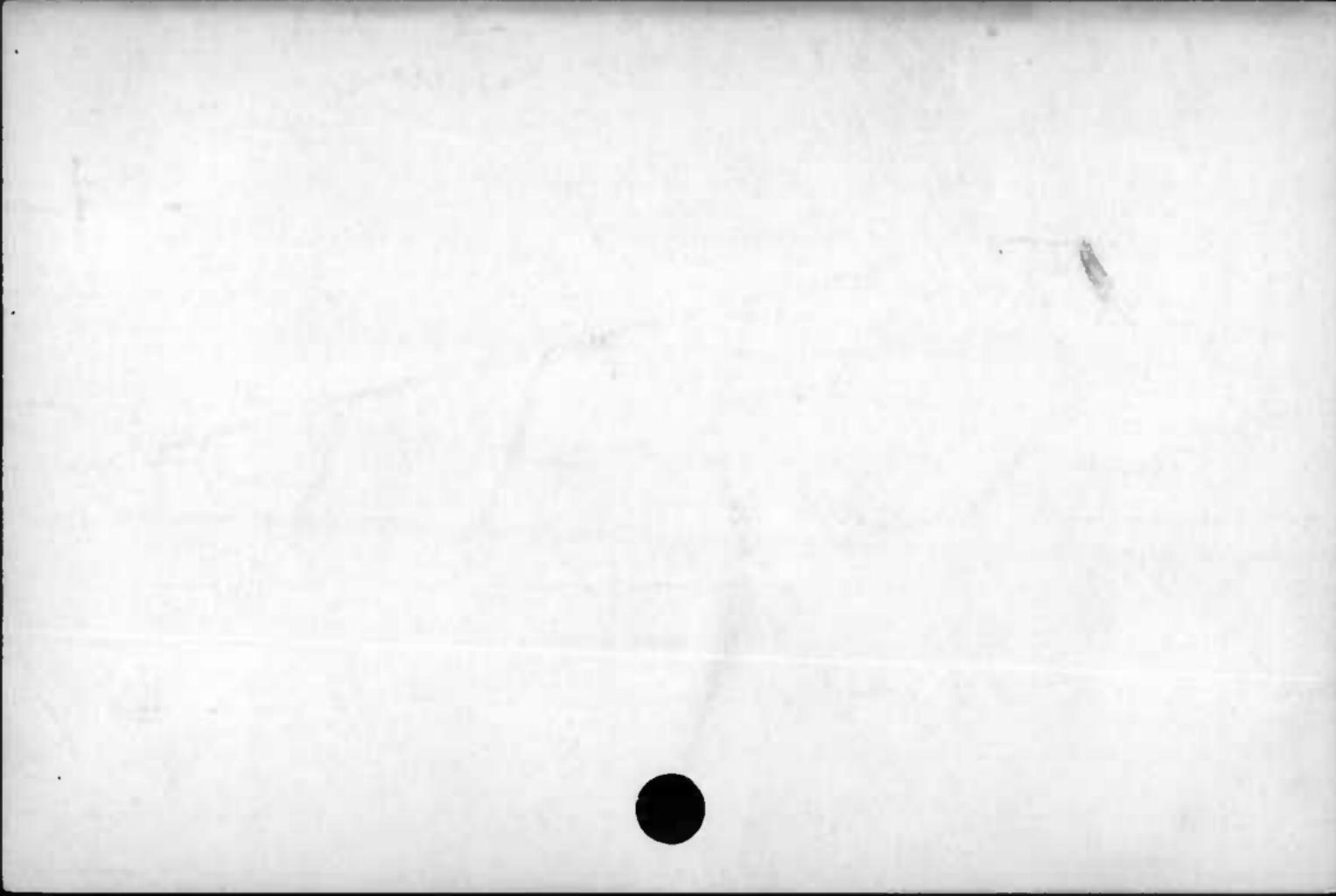
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month 3	Day 16	Years 8	Months 0	Days 2	
Sex	Female	Color or Race	White		Birth- place	Carroll County	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Silver Run Stella K. Bachtel				
Father's Name	Harry E. Boose		Father's Birthplace		Carroll		
Mother's Maiden Name	Stella K. Bachtel		Mother's Birthplace		Melrose, Md.		
Name of person giving information	How related to deceased						

CAUSES OF DEATH

151

Primary	How long
Immediate	1 1/2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	✓



Name
in
Full

John C. Bull

CERTIFICATE OF DEATH

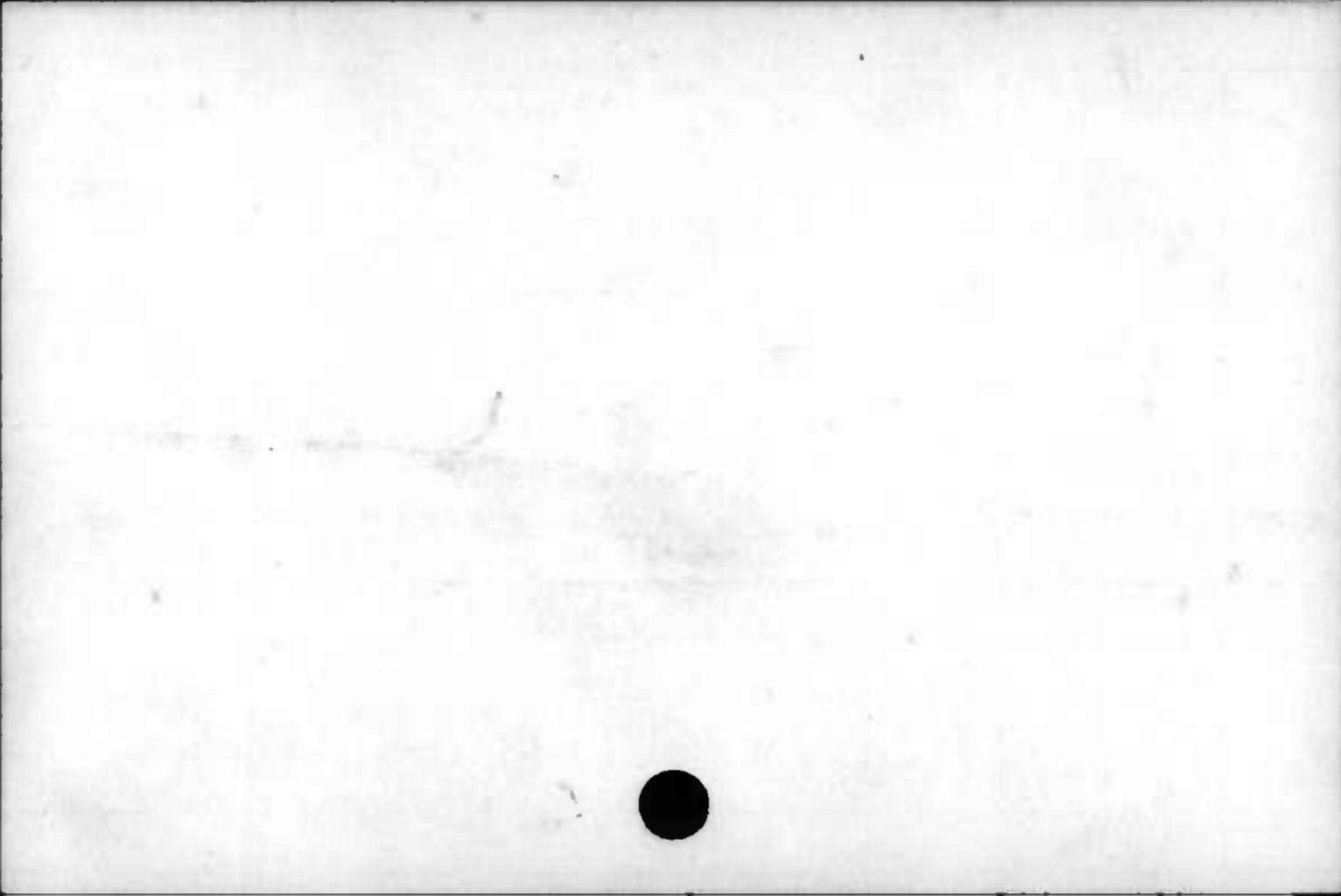
TO BE ANSWERED BY
NEAREST FRIEND

Town	Springfield Hosp.			County	Carroll	
Date of death	Month	Day	Age	Years	Months	Days
1907	March	13	70			
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	"			Mother's Birthplace	"	
Name of person giving Information	Hosp. records			How related to deceased		

CAUSES OF DEATH

18

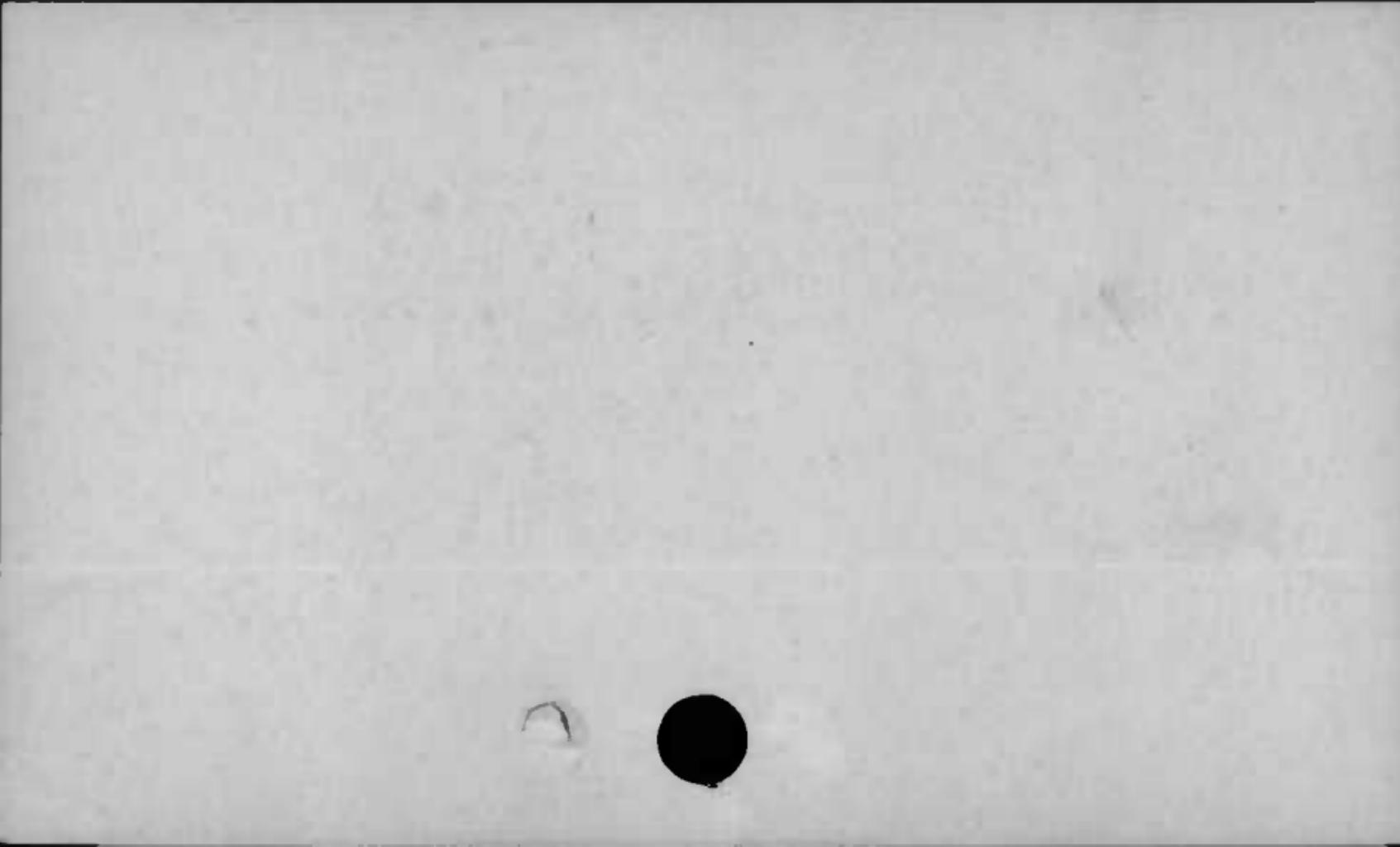
Primary	Senile dementia			How long	17 yrs
Immediate	facial erysipelas			How long	13 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Chas. J. Carey	
To the best of my knowledge			Address	Sykesville Md.	
Accident or Suicide?					



Kerry Butler

Died at <u>Mt. Airy</u>			Town <u>Carroll</u>	County <u>Carroll</u>	MARYLAND	
Date <u>1967</u>	Month <u>3</u>	Day <u>3</u>	Y. <u>36</u>	M. <u></u>	D. <u></u>	Native of <u>Carroll</u>
Male	White	Married	Widow	Divorced	Occupation <u>Gardener</u>	Number of children living
<u>Female</u>	Colored	Single	Widower			
Husband of <u>Butler</u>						
Wife						
Father's Name <u>Los Butler</u>	Mother's Maiden Name <u>Nancy Butler</u>					
Cause of Death <u>Primary</u>	How long sick <u>166</u>					
<u>Immediate</u>						
Reported by <u>Franklin Lewis, Coroner</u>						
Address <u>MT. AIRY, MD</u>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullLucinda Leoleemay
Westminster CarrollNo 159
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Mar	11	65-	3	14
Sex	Female	Color or Race	Colored	Birth-place	Unknown
Occupation	Book	Where Residing if not at place of death	County Home		
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown		
Father's Name	Mount Kwon	Father's Birthplace	Unknown		
Mother's Maiden Name	"	Mother's Birthplace	Unknown		
Name of person giving information	Benjamin Leoleemay	How related to deceased	Son		

CAUSES OF DEATH

119

How long

How long

few months

PHYSICIAN
OR CORONER

Primary

Acute Bright's

Immediate

1 1

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. P. Shipley, & D.
Glennister Md.

Accident or Suicide?

Ellsworth Cemetery
Stoners.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hennie Costley

CERTIFICATE OF DEATH

Died near Eldersburg		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	March	23	65	-	-	
Sex	Female	Color or Race	Black	Birth-place	Md.	
Occupation	Domestic		Where Residing if not at place of death	same		
Married, Single or Widowed	Single	Name of Wife or Husband	Costley			
Father's Name	Costley		Father's Birthplace	Unknown		
Mother's Maiden Name	Dorsey		Mother's Birthplace	Unknown		
Name of person giving information	noah Collins		How related to deceased	no relation		

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage How long 1 week

Immediate - How long -

Are the name, age, sex, color, date and place correctly given above?

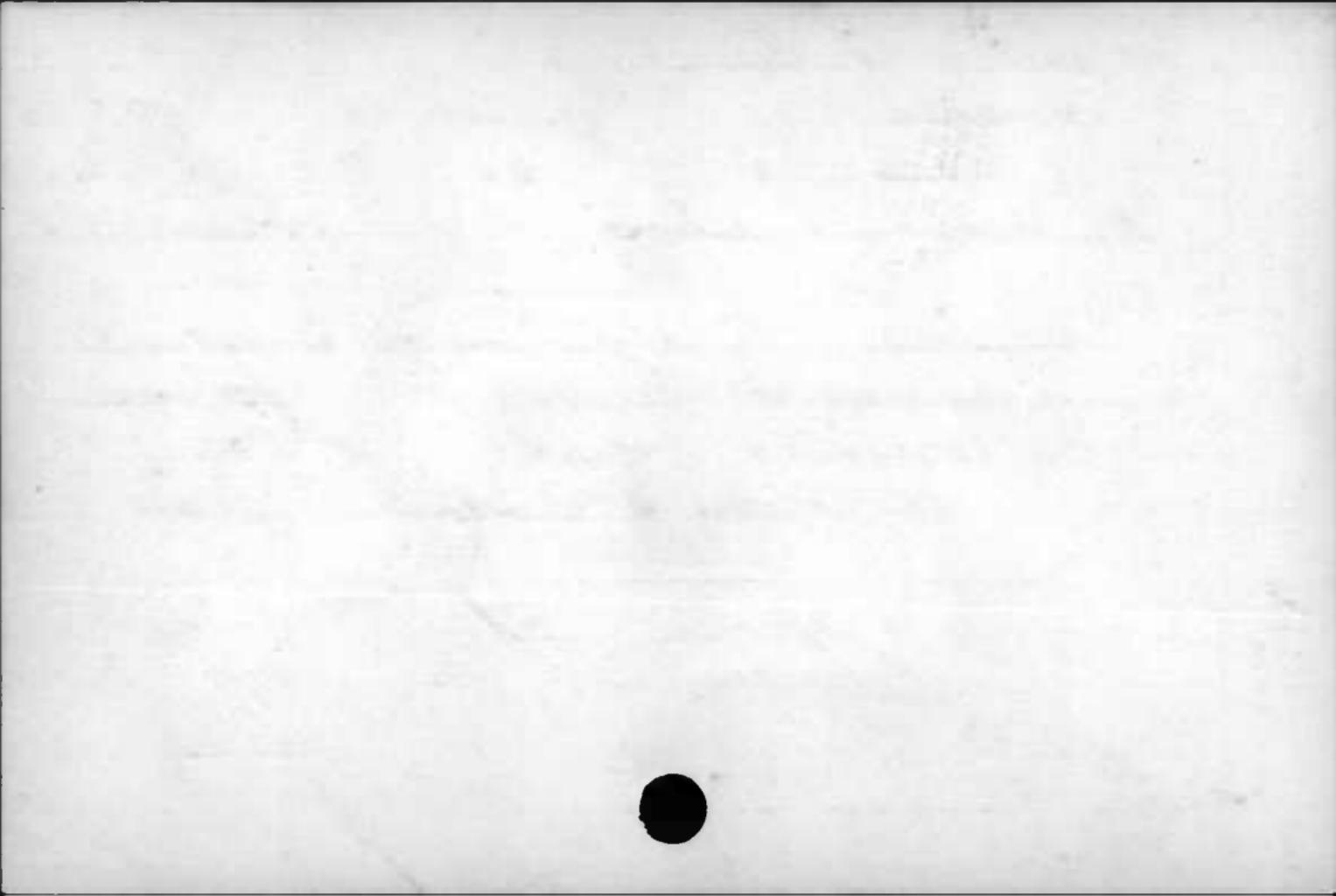
yes

Signature of Physician

Address

MD Morris
Eldersburg.

Accident or Suicide?



Name
in
Full

No 171

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Martha A. Crestwell

Town

County

Died at

Gaines

Carroll

MARYLAND

Date
of death

1907

Month

March

Day

21

Years

60

Months

—

Days

12

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Who
Husband

William W Crestwell

Father's
Name

Richard A Barnes

Father's
Birthplace

Maryland

Mother's
Maiden Name

Usicilla Carr

Mother's
Birthplace

do

Name of person giving
Information

William S Crestwell

How relate
deceased

Son

CAUSES OF DEATH

Primary

Injury to spine

How long

3 weeks

Immediate

Spinal meningitis

How long

5 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. N. Goranek M.D.

unable to obtain further informa-
tion, on account of death of

Address

Gaines
Md

Accident or Suicide?
Dr. Goranek. Oct. 3, '07.

Int. Phleum Can. Sonder

Susan Rebecca Cross

20164
CERTIFICATE OF DEATH

Died at <u>Westminster</u>		Town <u>Carroll</u>		County <u>MARYLAND</u>		
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>14</u>	Age <u>57</u>	Years <u>57</u>	Months <u>20</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Carroll Co Md</u>				
Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Cross</u>					
Father's Name <u>Alfred Swift</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>Isaac Cross</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

66

Primary

~~Left Hemiplegia~~

How long

3 hrs.

Immediate

~~Respiratory Failure~~

How long

15 minutes.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Lester Barr

Accident or Suicide?

Address

Westminster
Md.

Western Chapel Cemetery
Stones.

Name
in
Full

Carrie May Ebaugh

320162

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1907	Month	Day	Years	Months	Days	
Female		Color or Race	Age 29		Birth-place Maryland	
Married, Single or Widowed		Occupation		Single		Shirt maker
Name of Wife or Husband		Father's Name		Mother's Birthplace		Maryland
Jeremiah Ebaugh		Martha G. Richards		Mother's Maiden Name		do
Name of person giving information		J. Webster Ebaugh		How related to deceased		Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

" "

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Lewis Woodward

Address

Presbyterian
Md.

Accident or Suicide?

No

Bethel
Camellia

Name
in
Full

Mary E. Engler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month March	Day 3	Years 75	Months 5	Days 2
Sex	Female	Color or Race	W	Birth-place	Md	
Occupation	Housewife		Where Residing if not at place of death	New Windsor		
Married, Single or Widowed	Name of Wife or Husband		Henry Engler			
Father's Name	William Perry		Father's Birthplace	Md		
Mother's Maiden Name	Mary Shiner		Mother's Birthplace	Md		
Name of person giving information	J. L. Gilbert		How related to deceased	nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

179

How long

10 years

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

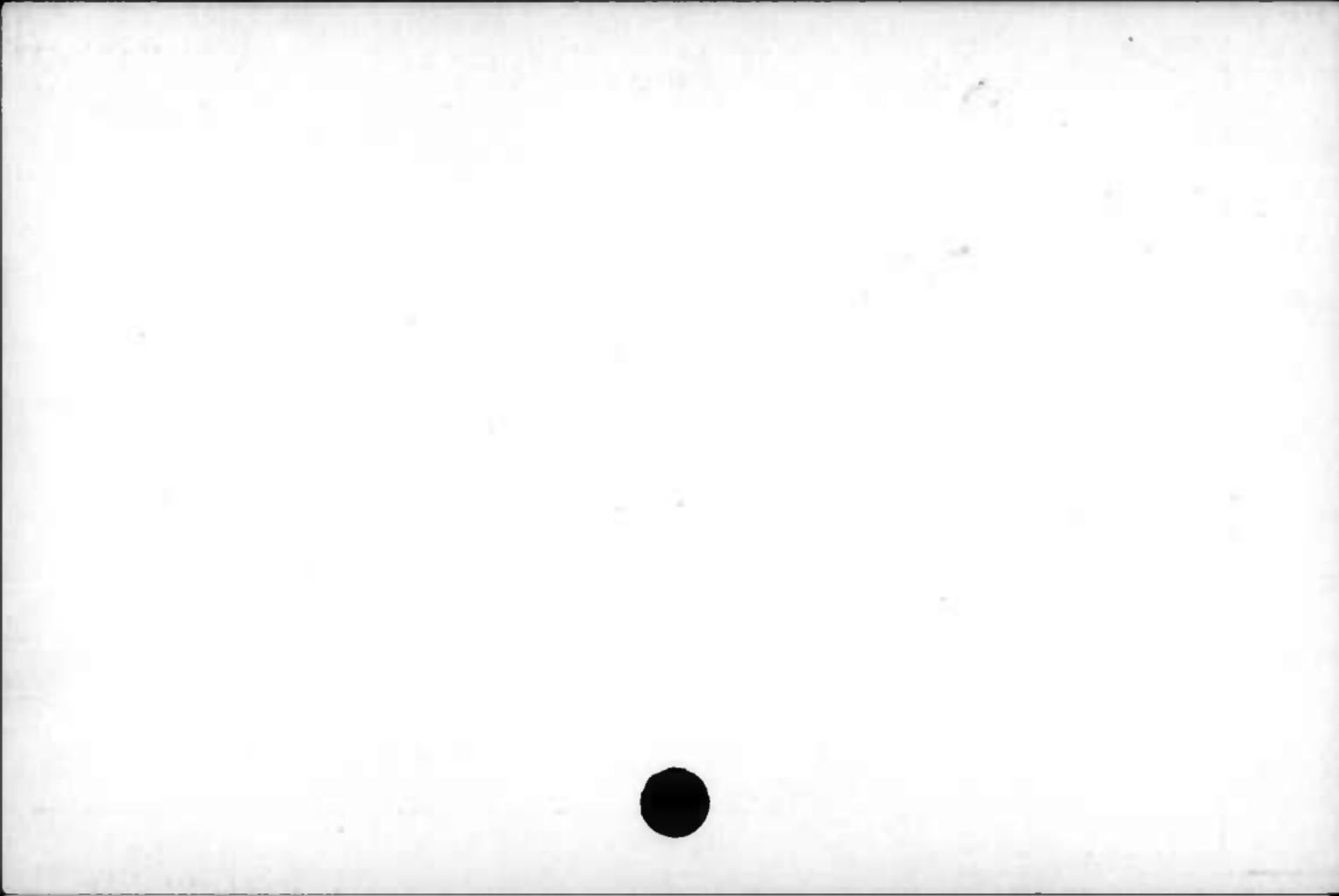
Signature of Physician

J. A. Whitehill

Address

New Windsor
Md.

Accident or Suicide?



Name
in
Full

George H. Evans

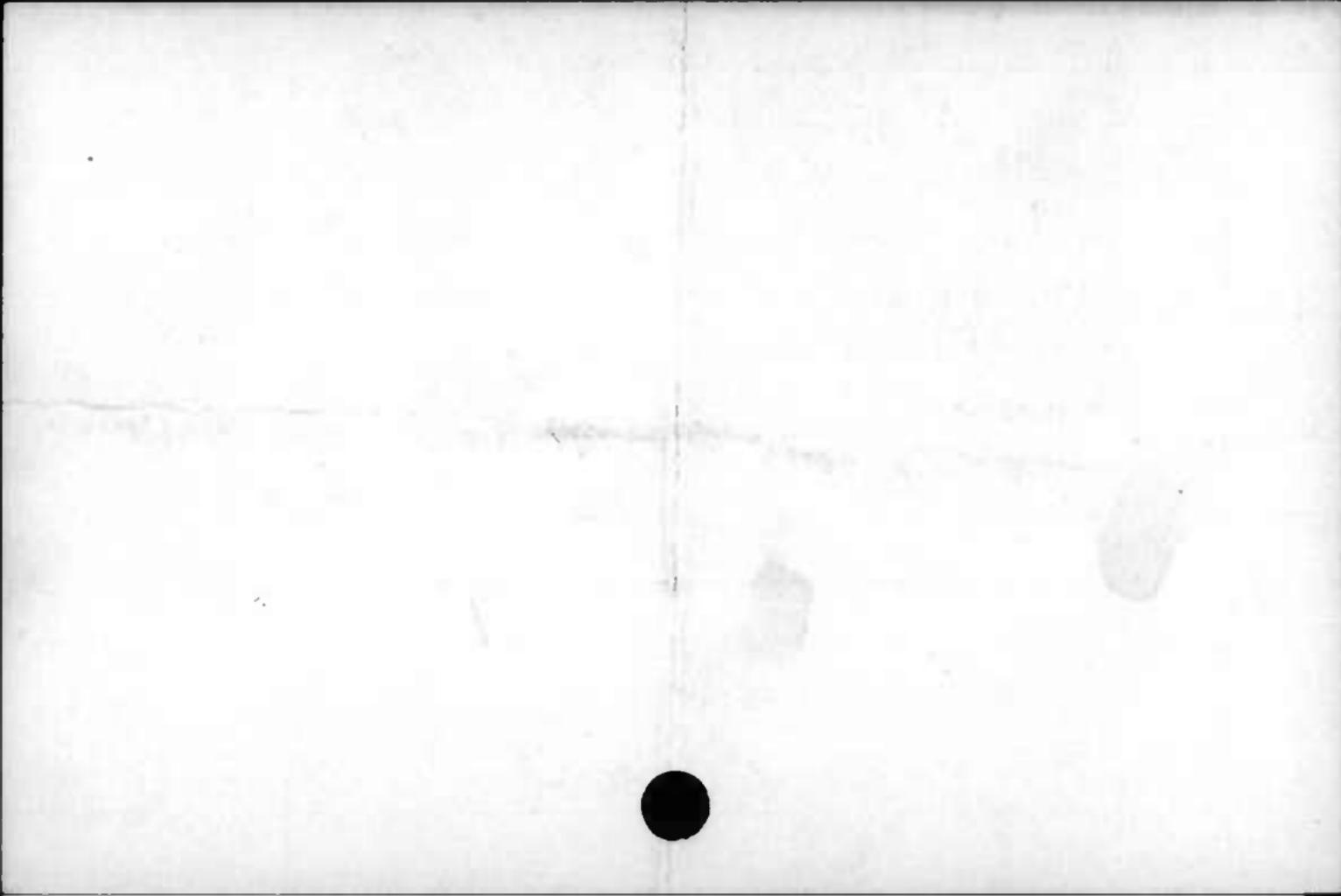
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sprngfield Hospital</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>13</u>	Years <u>49</u>	Age <u>49</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>		
Occupation <u>Carpenter</u>			Where Residing if not at place of death <u>Baltimore city</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs S. H. Evans</u>					
Father's Name <u>unknown</u>	(61)		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>unknown</u>	(61)		Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>Mrs S. H. Evans</u>			How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>General Paroxysis (61)</u>	How long <u>3 years</u>
	Immediate <u>Exhaustion</u>	How long <u>a month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. C. Clark</u>
		Address <u>Sykesville</u>
Accident or Suicide? <u>✓</u>		



Name
in
Full

Southern M. Flickinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Cotter Co	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	David Flickinger	Father's Birthplace	Cotter Co	
Father's Name	Mathias (John)	Mother's Birthplace	Maryland		Son
Mother's Maiden Name	Southern M. Mathias	How related to deceased			
Name of person giving Information	Edward Flickinger				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Stewart

Accident or Suicide?



Name
in
Full

James Steven Franklin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lemming		Town	Carroll		County	MARYLAND	
Date of death	1907	Month March	Day 23	Years 70	Age	Months 10	Days 19
Sex	Male	Color or Race	Or		Birth-place	Md	
Occupation	J. Farmer		Where Residing if not at place of death			Lemming	
Married, Single or Widowed			Name of Wife or Husband	Leaher Franklin		Father's Birthplace	Md
Father's Name	James Franklin					Mother's Birthplace	Md
Mother's Maiden Name	Eloia Dennis					How related to deceased	no
Name of person giving Information	Samuel Stuller						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy (64)

How long

3 days.

Immediate

Yes

How long

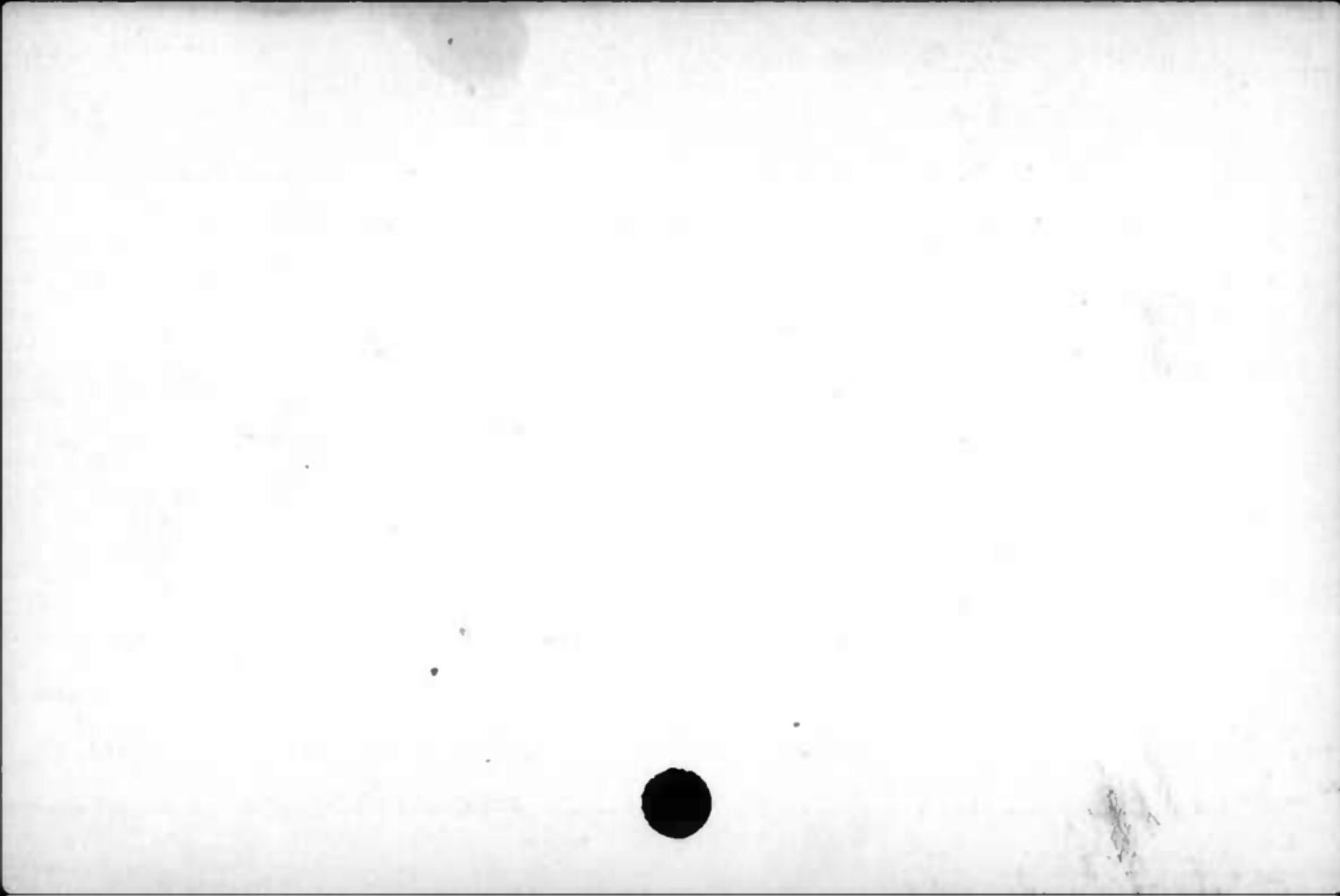
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. T. Brooks MD
Marston MD.

Accident or Suicide?



Name
in
Full

Nora Frederick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alexia</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>7</u>	Age <u>2</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Alexia</u>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Chas V. Frederick</u>	Father's Birthplace <u>Carroll Co Md</u>						
Mother's Maiden Name <u>Cora McCullough</u>	Mother's Birthplace <u>Baltimore Co</u>						
Name of person giving information <u>J. A. Frederick</u>	How related to deceased <u>Grandfather</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

⑨

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

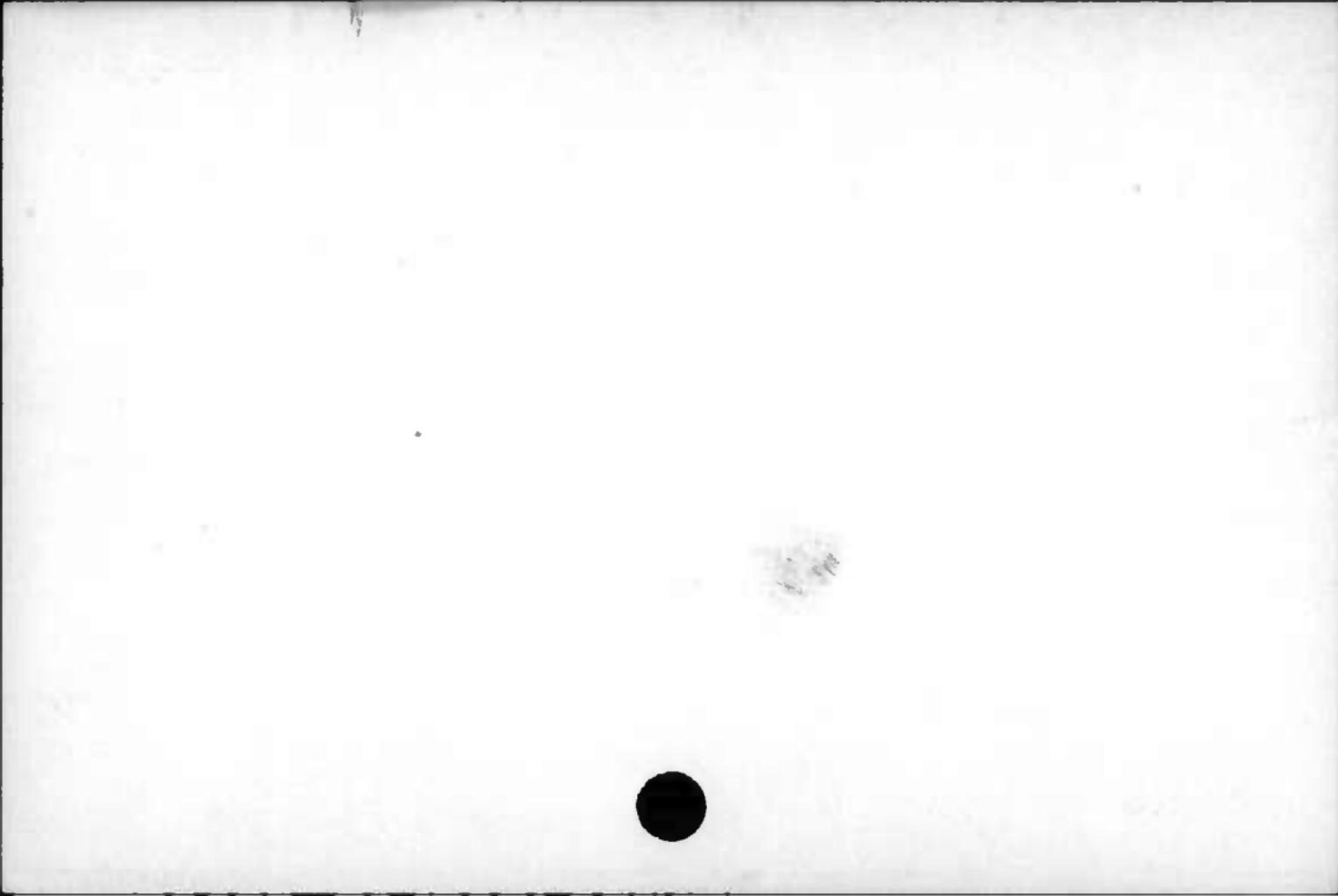
yes

Signature of Physician

Address

J. H. Sherman
Granchester
Md

Accident or Suicide?



Louis Albert Fally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McKinley mills</u>		County <u>Carroll Co</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>14</u>	Years	Months	Days <u>38</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>McKinley mills</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <u>Maryland</u>	
Father's Name <u>Louis Albert Fally</u>		Mother's Birthplace <u>Maryland</u>		Mother's Maiden Name <u>Ada R. Bouys</u>	
Name of person giving information <u>Louis Albert Fally</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

92

How long

How long

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

Immediate

Exhaustion

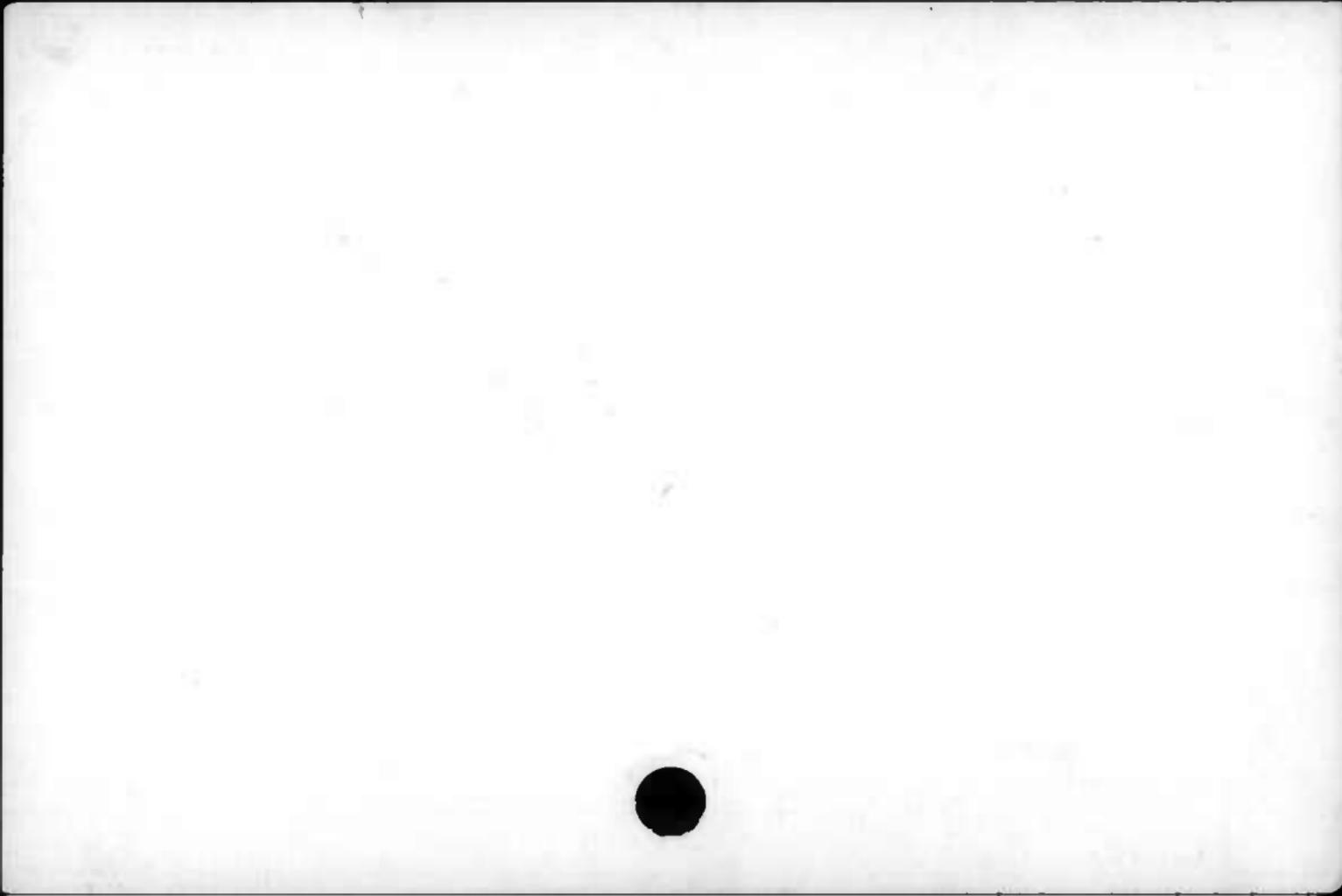
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Statuey Healy, Md.
New London
Md.



Name
in
Full

Mr Geo Furhman

10158

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month mar	Day 11	Years 82	Months 5
Sex	Male	Color or Race	White	Birth-place	Carroll Co Md
Occupation	Laborer		Where Residing if not at place of death	County Stone	
Married, Single or Widowed	andover		Name of Wife or Husband	m	
Father's Name	m		Father's Birthplace	m	
Mother's Maiden Name	m		Mother's Birthplace	m	
Name of person giving Information	Dr Jno Mathias		How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

2 and 1/2

Immediate

heart

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John S. Mathias

Germanshire Md.

Accident or Suicide?

Sams creek cemetery.
Stoners

Name
in
Full

Frederick Hensenyager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll	County	MARYLAND	
Date of death	1907	Month March	Day 1 st	Age 82	Years	Months Days
Sex	Male	Color or Race	White	Birthplace	Germany	
Occupation	Laborer	Where Residing if not at place of death Unknown				
Married, Single or Widowed		Name of Wife or Husband	Unknown			
Father's Name	Unknown		Father's Birthplace	Germany		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving Information	Hospital records					How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Senile dementia

154

How long

about 1 yr

Immediate

General debility

How long

Progressive

Are the name, age, sex, color, date and place correctly given above?

Yes

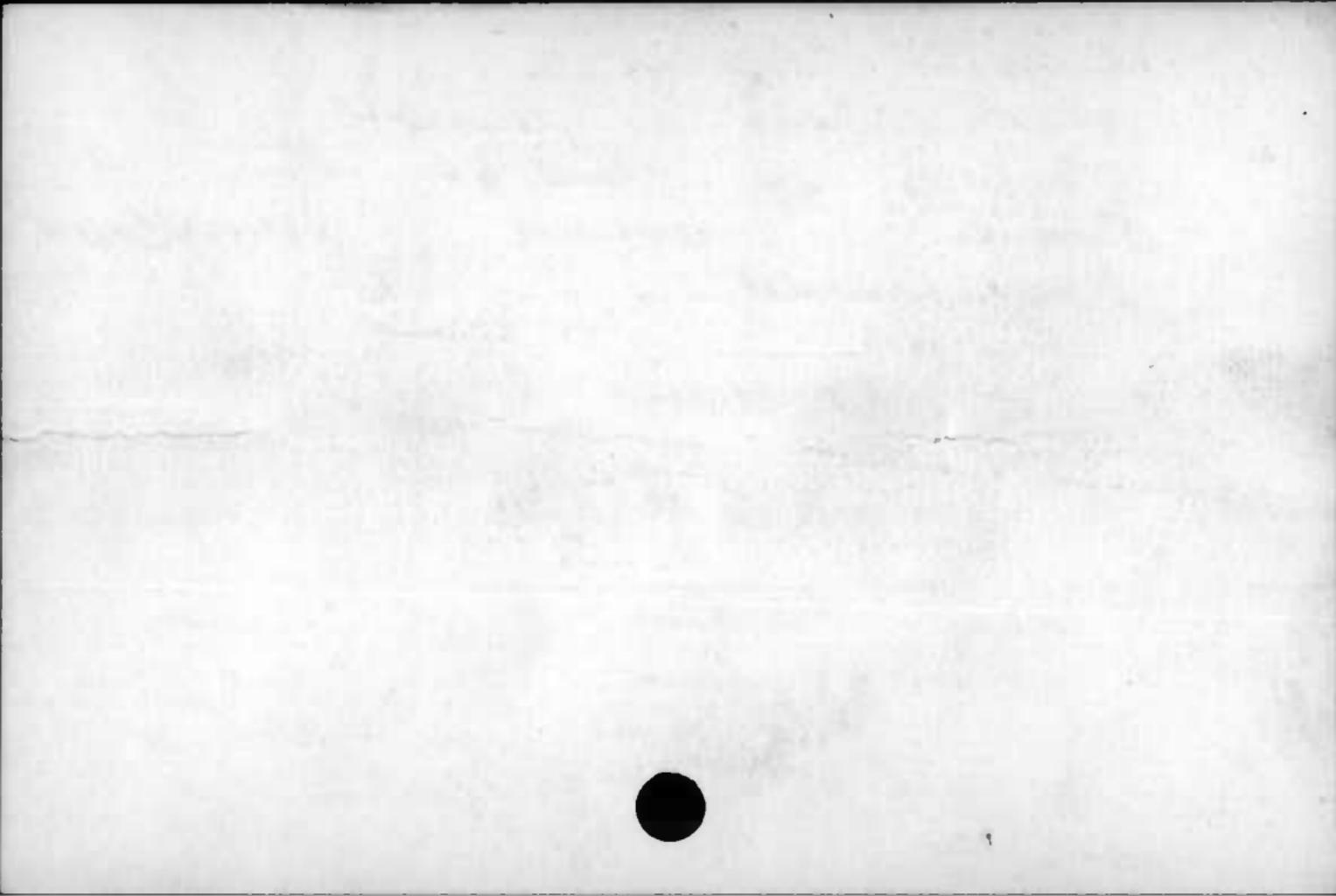
Signature of Physician

Char. J. Carey
Lyonsville Md.

Address

Accident or Suicide?

No



Annie Green

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Dent Record					
Mother's Maiden Name	"	Unknown				
Name of person giving information	Frank S. Shaver					
CAUSES OF DEATH						
Primary	Acute Gastritis (104)					
Immediate	Heart Failure					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jos. J. Kline
Postmortem
Mt

Accident or Suicide?

Harris
Elsworth Collection

Name
in
Full

Charles Emory Green

No 165
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Westminster Town carroll County

MARYLAND

Date of death	1907	Month	mar	Day	16	Age	Years	Months	Days
---------------	------	-------	-----	-----	----	-----	-------	--------	------

Sex Male

Color or
Race

white

Birth-
place

Carrollton Md

Occupation

Where Residing if
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Charles L. Green

Father's
Birthplace

Carrollton Md

Mother's
Maiden Name

Ellice

Seely

Mother's
Birthplace

" " "

Name of person giving
Information

Charles L. Green

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho-Pneumonia

92

How long

34 hrs

Immediate

Respiratory Failure

How long

1 hr

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. Luther Barr

Address

Westminster
Md.

Accident or Suicide?

Stone Chapel Cemetery
Maurr.

Name
in
Full

Francis Nicholas Grooms

CERTIFICATE OF DEATH

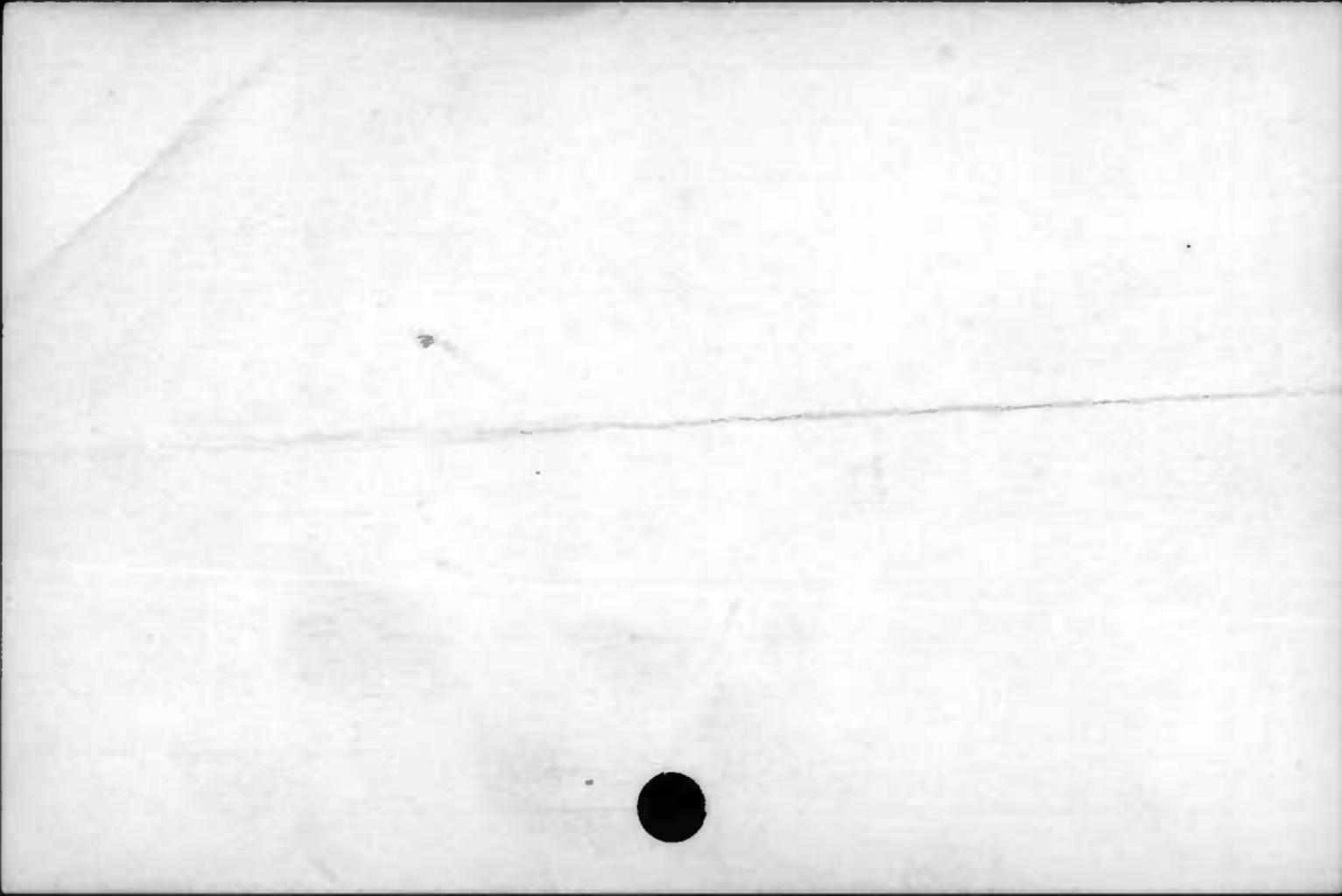
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eldersburg</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>10</u>	Age <u>97</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Maryland</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Carroll Co. Md</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Ellen Dousey</u>					
Father's Name <u>Unknown</u>				Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Mary Ellen Grooms</u>				How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>1 week.</u>
Immediate <u>—</u>	—
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>M Morris, M.D.</u>
	Address <u>Eldersburg, Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Wesley J. Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

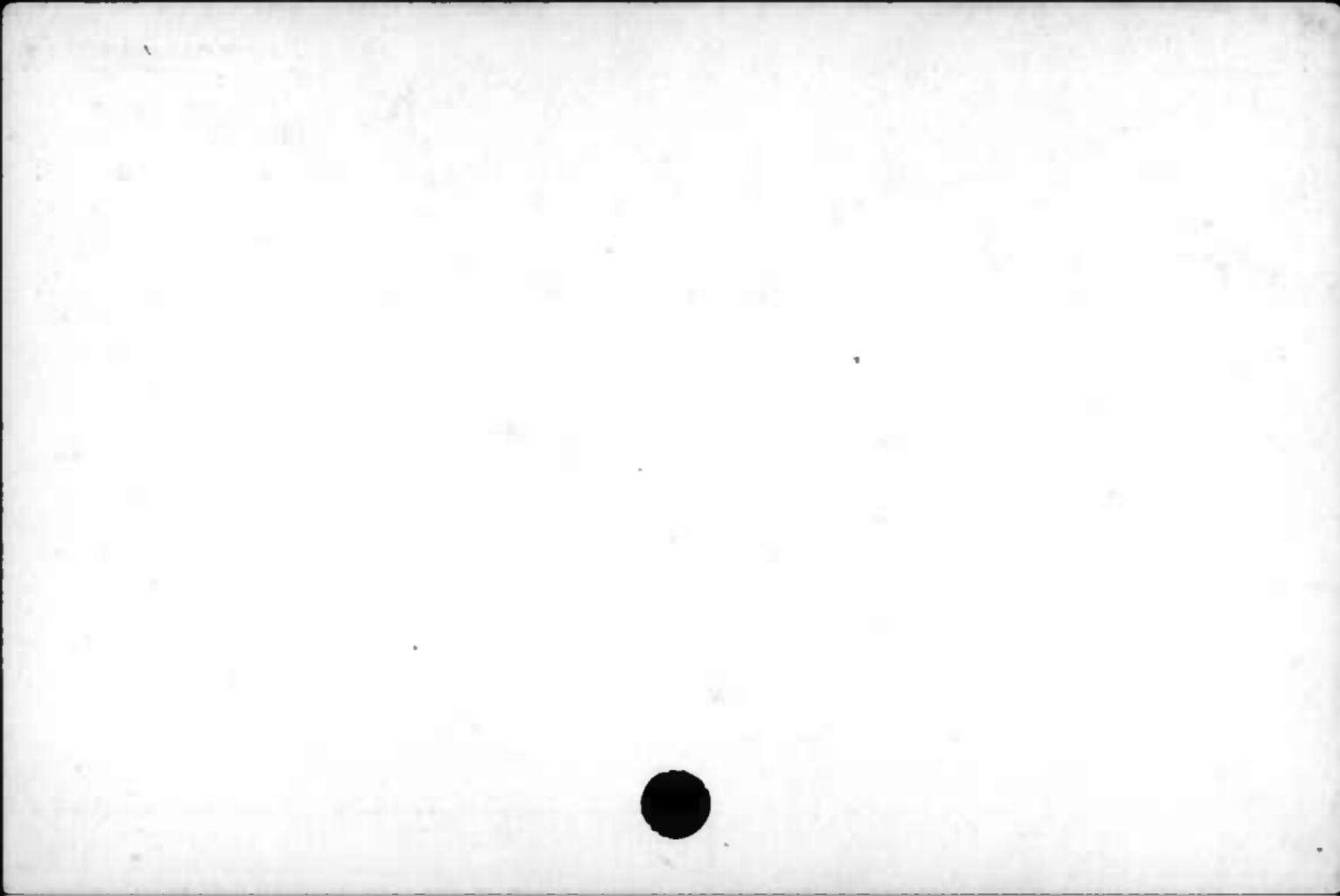
Died at <u>Weldon</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>11</u>	Years <u>72</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>W.</u>	Birth-place <u>Md</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Weldon</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Mesama Hearn</u>				
Father's Name <u>Singilton Hearn</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Maria Hearn</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>James Smith</u>	How related to deceased <u>No</u>				

CAUSES OF DEATH

Primary <u>Paralysis</u>	(66)	How long <u>8 weeks</u>
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address <u>F. J. Crooker</u> <u>Marston Md.</u>
<u>Yes</u>		
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hobieitts Hittner

CERTIFICATE OF DEATH

Died at	Harvey		County	MARYLAND	
Date of death 190	- Month -	Day	Years	Months	Days
7 march	14	Age	1	6	
Sex	Female	Color or Race	white	Birth-place	Harvey
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Harvey		Father's Birthplace	Maryland	
Mother's Maiden Name	Mabel Hittner		Mother's Birthplace	11	
Name of person giving Information	John Harvey		How related to deceased	Father	

CAUSES OF DEATH

Primary	Musles	⑥	How long	4 days
Immediate	Broncho-pneumonia		How long	28 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles E. Rapp	
		Address	Terrytown, Md	
Accident or Suicide?				



Name
in
Full

Mary Magdalene Hawk ✓

no 172
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month mar	Day 25	Age 82	Years	Months 9	Days 4
Sex	Female	Color or Race	white		Birth-place	Carrollton	
Occupation			Where Residing if not at place of death		Home.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Andrew Hawk				Father's Birthplace	Carrollton	
Mother's Maiden Name	Rachel Paulmutter				Mother's Birthplace	
Name of person giving Information	Mary Carroll				How related to deceased	Niece	

CAUSES OF DEATH

43

Primary

Carcinoma of Breast a number of yrs

How long

Immediate

Wrenia - coma 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. R. Foutz
Westminster
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

Taneytown Reform cemetery.
stones,

still born infant Hill

CERTIFICATE OF DEATH

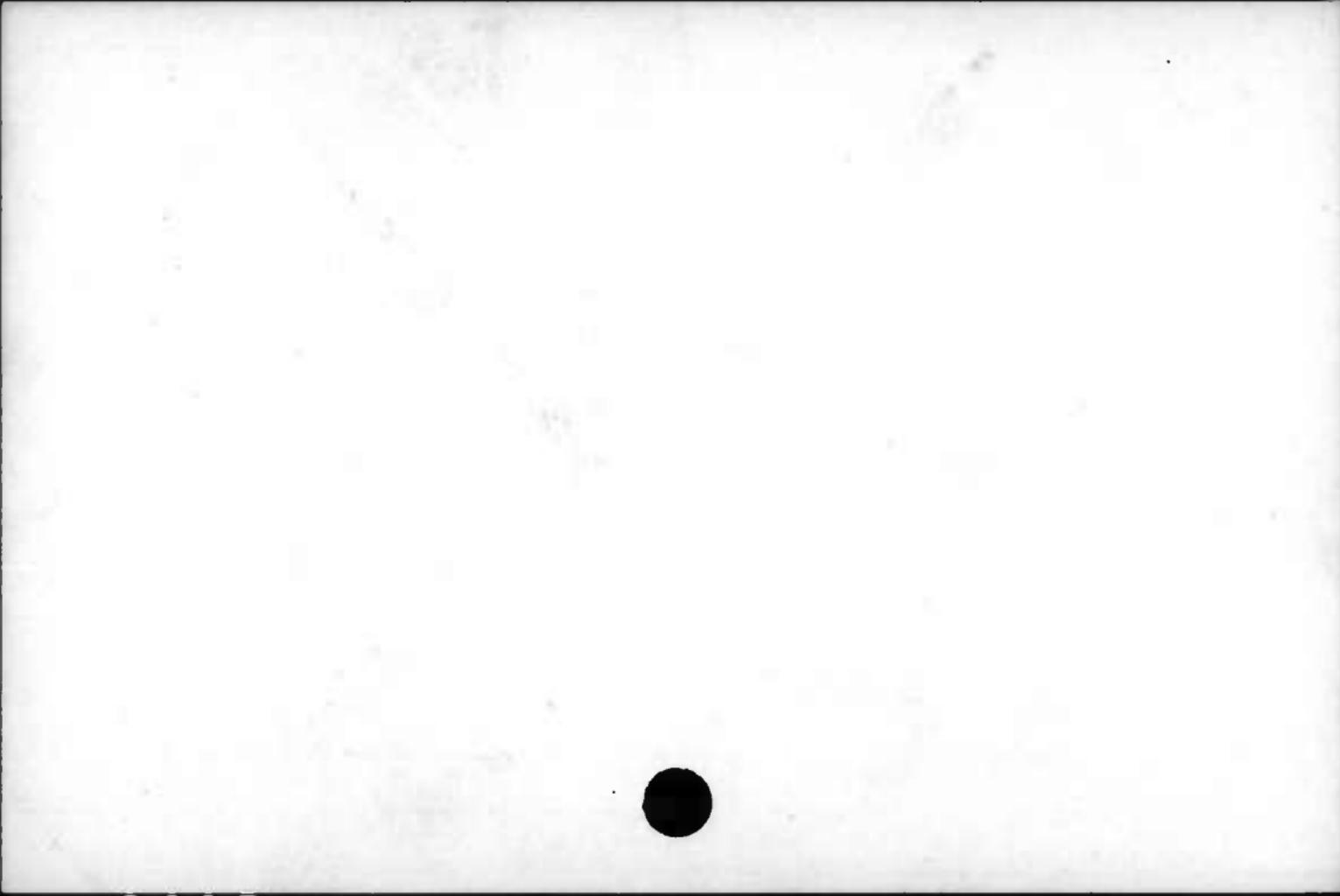
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 3	Day 22	Years	Months	Days	
Sex	male	Color or Race	Colored	Age	still born		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Jas F. Hill						
Mother's Maiden Name	Charlotte Cook						
Name of person giving information	J. F. Hill						
Father's Birthplace	Md						
Mother's Birthplace	Md						
How related to deceased	Father						

CAUSES OF DEATH

(8)

PHYSICIAN OR CORONER	Primary	Signature of Physician	How long
	Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Address	
Yes		E. B. White - mg Tany Hill	
Accident or Suicide?			



Name
in
Full

Ellen Jones

in 168
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Westminister</i>		County <i>Carroll</i>	MARYLAND		
Date of death <i>1907</i>	Month <i>mar</i>	Day <i>18</i>	Years <i>82</i>	Months <i>3</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Carroll Co Md</i>			
Occupation	Where Residing if not at place of death <i>County House</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>dead</i>	Father's Birthplace			
Father's Name <i>Elouer Knud</i>	Mother's Birthplace				
Mother's Maiden Name <i>"</i>	Name of person giving information <i>Morris Jones</i>				
How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

164

How long

5 day s

How long

John S. Mathews

Address

*Septemvirin
Md.*

Primary

Frost Arm & Shiver

Immediate

Skunk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Baileys' Cemetery
Stones.

Name
In
Full

William H. Keeler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	March	30	79	5	25
Sex	Color or Race	Where Residing if not at place of death			
Occupation	White	Men Manchester			
Married, Single or Widowed	Name of Wife or Husband	Married	Mary Keeler		
Father's Name	William Keeler			Father's Birthplace	
Mother's Maiden Name	Elizabeth Kramer			Mother's Birthplace	Recess.
Name of person giving information	Advertiser L. Lippay			How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La Grippe* (10) How long 2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Sherman M.D.
Manchester
Md

Accident or Suicide?

2190
me 56

Name
In
Full

Blanche T Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND						
Date of death		1907	Month	3	Day	22	Years	22	Months	7	Days
Sex	Female	Color or Race	White		Birth-place	Pa					
Occupation	Assistant Housekeeper			Where Residing if not at place of death							
Married, Single or Widowed	Single	Name of Wife or Husband									
Father's Name	John St. Kane			Father's Birthplace			Pa				
Mother's Maiden Name	Mary. Wills			Mother's Birthplace			Pa				
Name of person giving Information	John St. Kane			How related to deceased			Father				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary: Chronic Interstitial Nephritis. over 2 years
Immediate: Traumatic Convulsions, Failure of respiration. 5 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

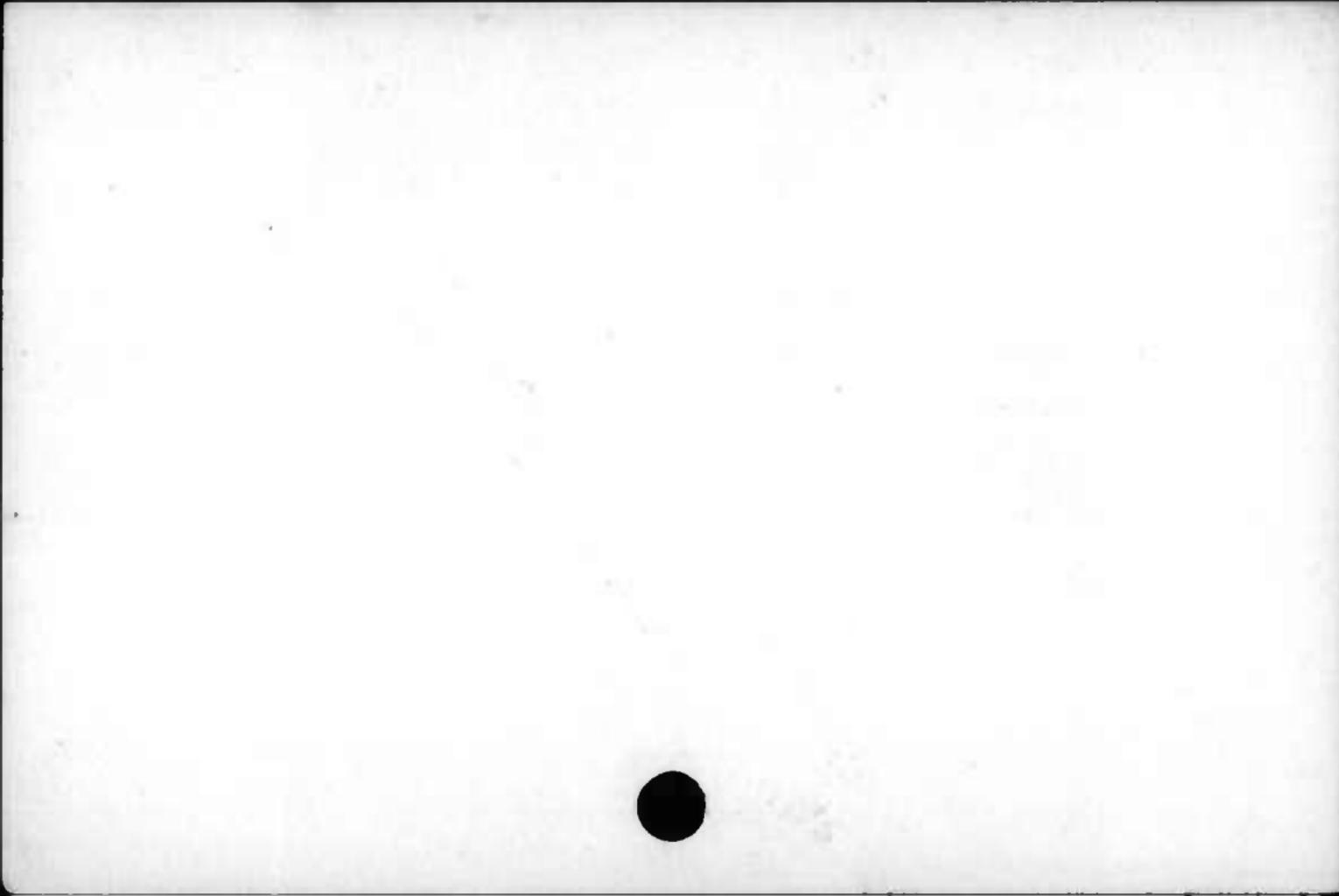
Address

Dr. H. Seiss.

Gloucester.

Md.

Accident or Suicide?



Name
in
Full

Catherine B Kuhns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Janeytown</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>18</u>	Age <u>62</u>	Years	Months <u>1</u> Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Ind</u>			
Occupation <u>Housenwife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Kuhns</u>				
Father's Name <u>David Brouse</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Elizabeth Whitney</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>James Kuhns</u>	How related to deceased <u>Husband</u>				
CAUSES OF DEATH					
Primary <u>Artificial Insufficiency</u>	How long <u>79</u>				
Immediate <u>General debility, anæst</u>	How long <u>don't know</u>				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>El Borino</u>				
Address <u>Janeytown</u>					
PHYSICIAN OR CORONER					
Accident or Suicide?					

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John H Lauterbach

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Mar	21	81	6	12	
Sex	Color or Race	Birth-place				
Male	White	Germany				
Occupation	Where Residing if not at place of death					
Farmer	Margret B Lauterbach					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Germany			
Single	Margret B Lauterbach	Germany	Germany			
Father's Name	Margret B Lauterbach					
Mother's Maiden Name	Margret B Lauterbach					
Name of person giving information	L E Lauterbach					

CAUSES OF DEATH

104

How long

How long

PHYSICIAN
OR CORONER

Primary

Gastritis Chronic

Immediate

Are the name, age, sex, color, date and place correctly given above?

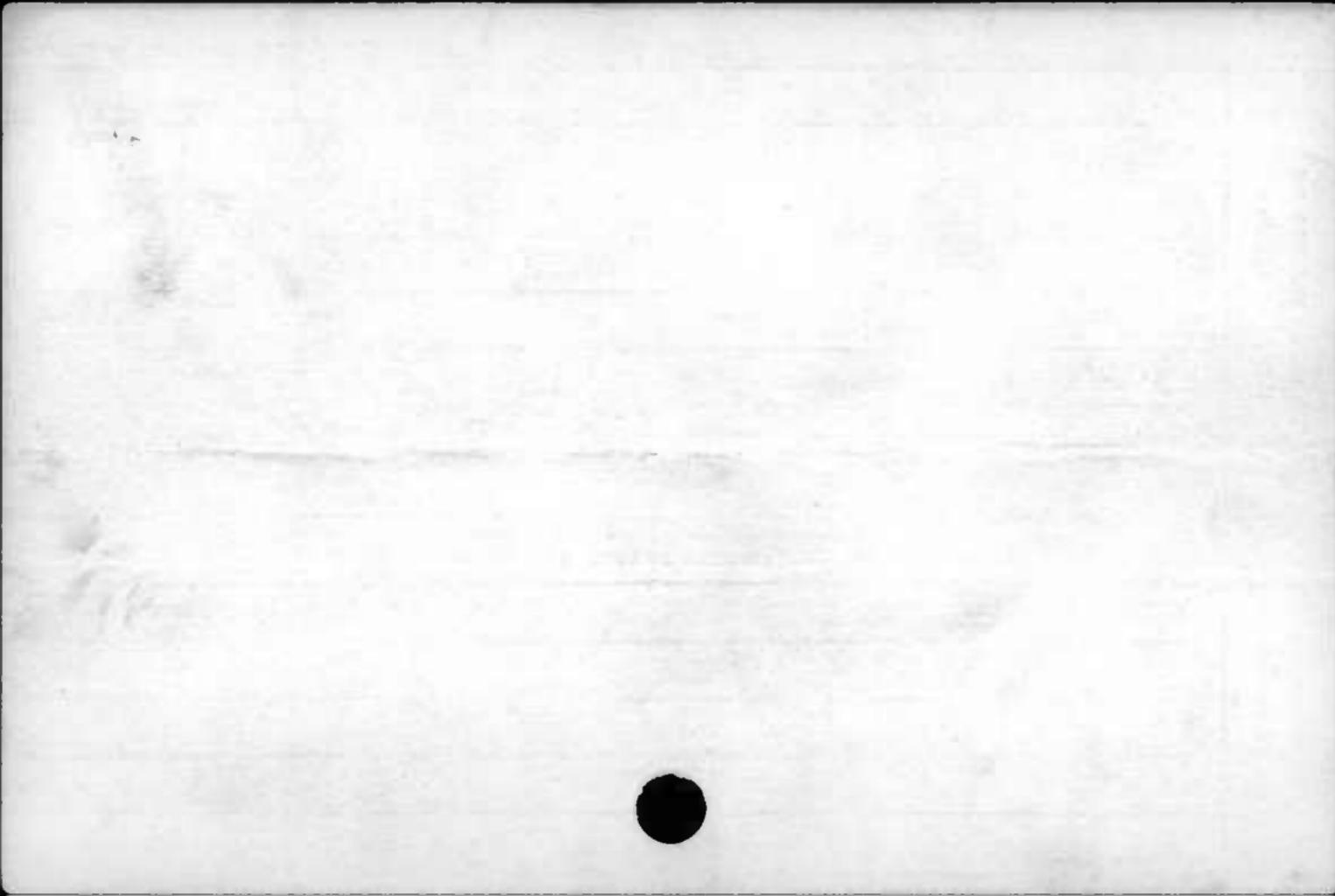
Signature of Physician

R. H. Kelle

Address

Harrisonville
Baltimore 3rd

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN •
OR CORONER

Andrew L. Liffy

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Hanaford</u>		Town	County <u>Carroll</u>	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>27</u>	Years <u>43</u>	Months <u>1</u> Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Westminster</u>		
Occupation <u>Businessman</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frances Liffey</u>	Father's Birthplace <u>Westminster</u>		
Father's Name <u>Joseph Liffey</u>	Mother's Maiden Name <u>Rebecca Tanguay</u>	Mother's Birthplace <u>Westminster</u>		
Name of person giving information <u>Frances Liffey</u>	How related to deceased			

CAUSES OF DEATH

157

Primary

How long

Immediate

How long

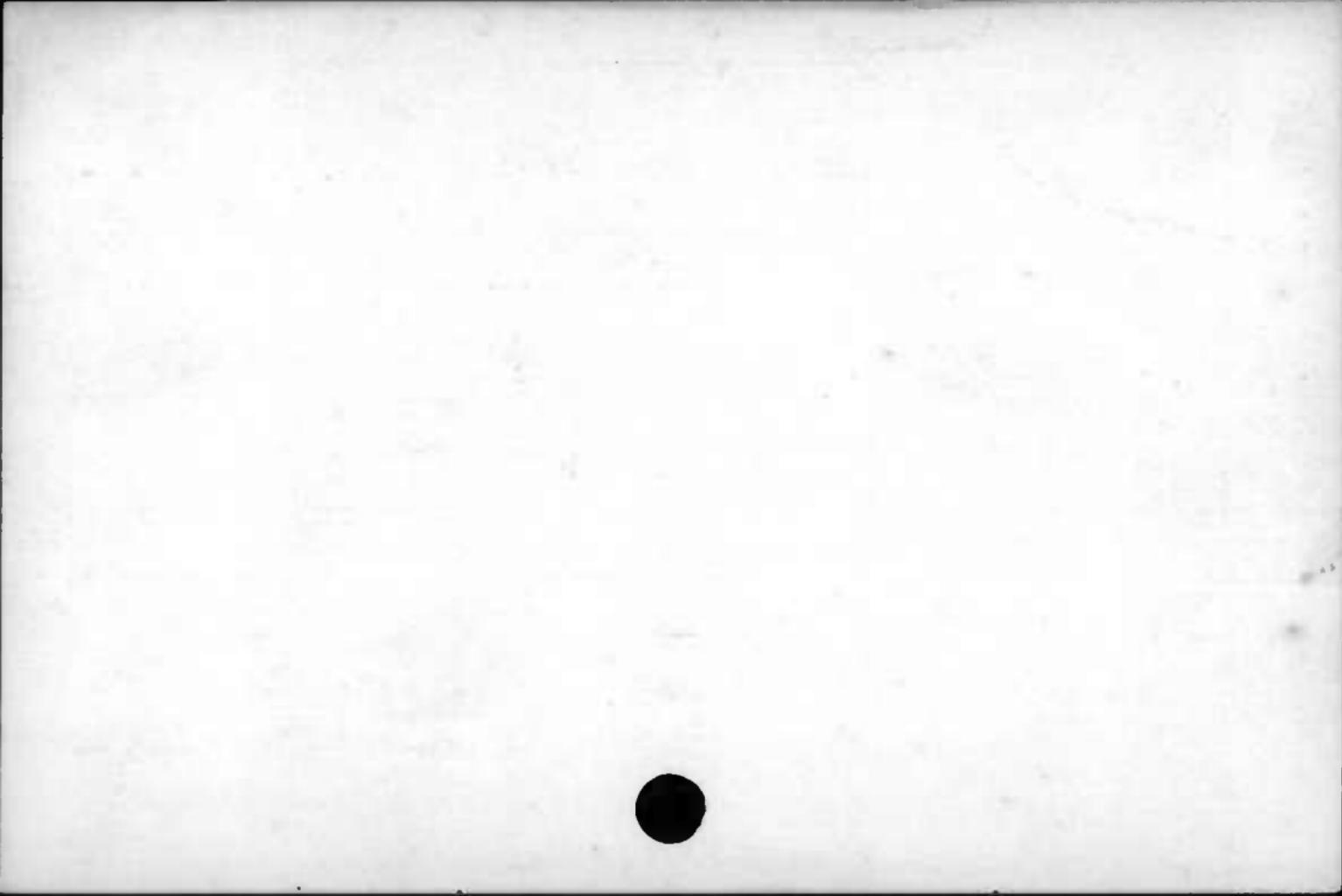
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

Edgar M. Bush, M.D.
Hanaford, Md.



Name
in
Full

Mary Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital			Carroll	County	
Date of death 1907	Month 3 rd	Day 9 th	Years	Age 54	Months
Sex Female	Color or Race white			Birth-place Md -	
Occupation House keeper	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband			Unknown	
Father's Name — Marshall				Father's Birthplace	Ireland -
Mother's Maiden Name Mary McNeil				Mother's Birthplace	"
Name of person giving information Hospital Records				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	(1)	How long 18 days.
Immediate	Lobar Pneumonia		How long 3 days.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. Henry Fisher
		Address	Sykesville
Accident or Suicide?			Md.

Name
in
Full

Marston B. Hagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	1	Birth-place	
Married, Single or Widowed	Single	Occupation					
Name of Wife or Husband	Howard B. Hagle		Father's Birthplace			Greenmount	
Father's Name	Howard B. Hagle		Mother's Birthplace			Alesic	
Mother's Maiden Name	Mary B. Albaugh		How related to deceased				
Name of person giving information	Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles Bronchitis pneumonia cerebral

(6)

How long

7 days

Immediate

Strangulation

How long

to no no

Are the name, age, sex, color, date
and place correctly given above?

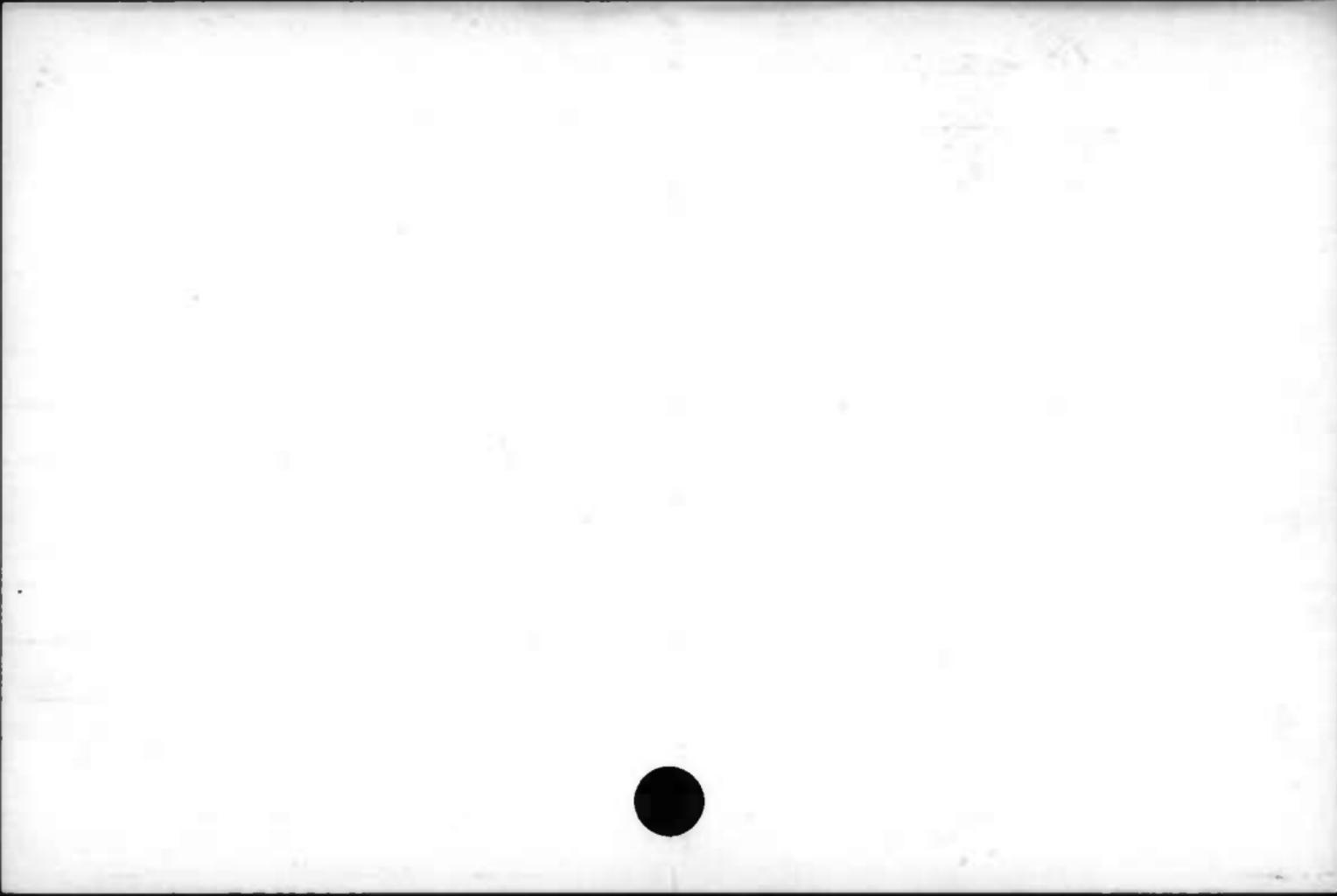
Yes

Signature of
Physician

Address

R. F. Richards
Lampstead

Accident or Suicide?



Name
in
Full

Rachel. Pove

no 120
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	March	20	8
Age	94	Days	14
Sex	Female	Color or Race	White
Occupation	Housewife		
Where Residing if not at place of death	Rimber. Pove		
Married, Single or Widowed	Widow	Name of Wife or Husband	Adams. Shifley
Father's Name	Ruth Christmas		
Mother's Maiden Name	Peyton Pove		
Name of person giving Information	Son		

CAUSES OF DEATH

Primary

Senility

(10)

How long

94 yrs

Immediate

2a Grippe

How long

2 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. N. Gorsuch MD

Gardiner MD

Accident or Suicide?

Name
in
Full

Leopold Rosenheim

CERTIFICATE OF DEATH

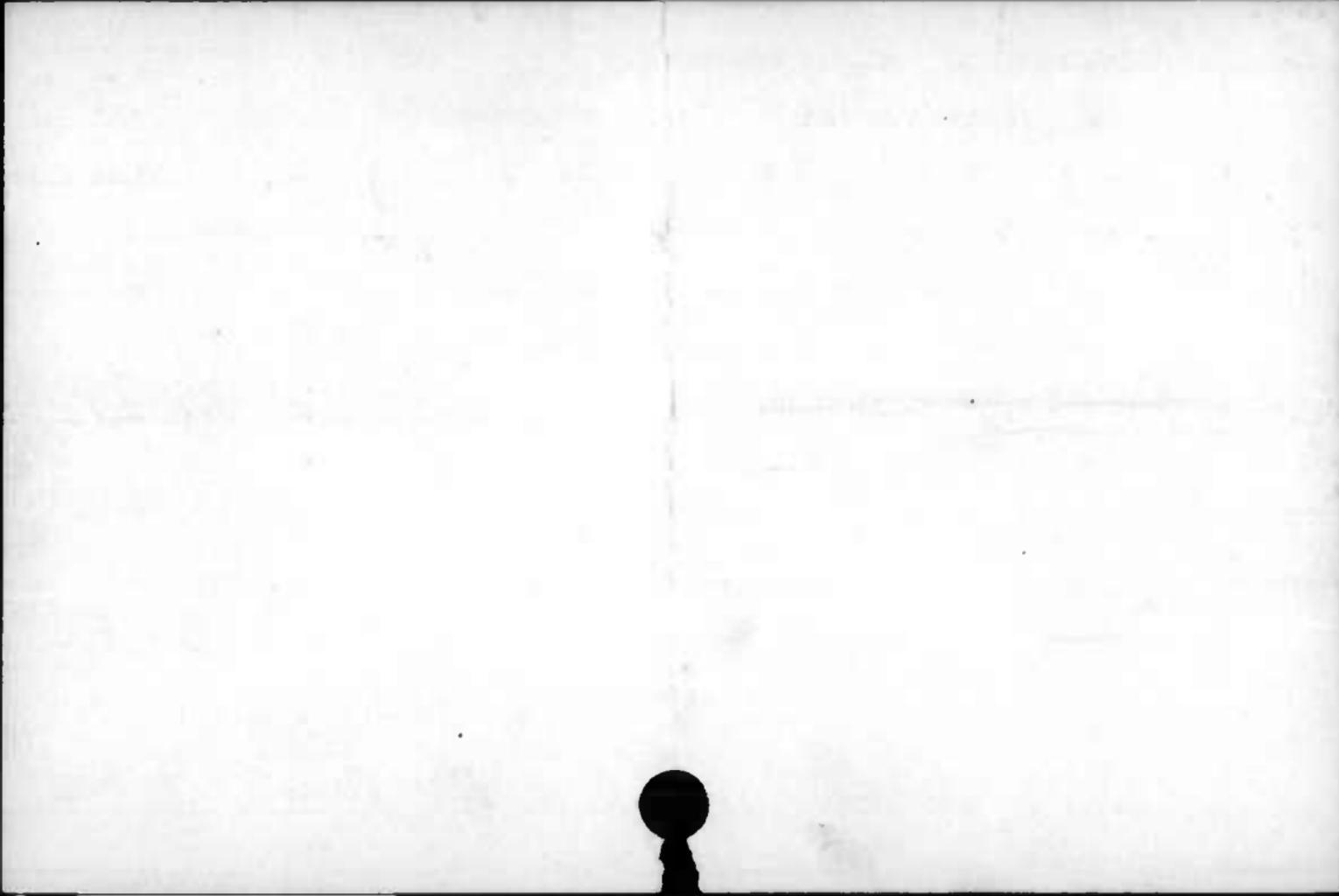
TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll		County	MARYLAND	
Date of death	1907	Month March	Day 19	Age 50	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Clerk	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Rosenheim				
Father's Name	Unknown				Father's Birthplace	Germany	
Mother's Maiden Name	"				Mother's Birthplace	"	
Name of person giving information	Hospital records				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Mania	68	How long	27 days
Immediate	Ephantiasis		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Char. J. Carey	
		Address	Springfield Md.	
Accident or Suicide?	No		✓	



Name
in
Full

Harriet P. Seabrook

No 173
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	69	11
Occupation	at home		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Wm L W. Seabrook			
Father's Name	Lewis Thomas		Father's Birthplace Maryland			
Mother's Maiden Name	Eliza Jeff		Mother's Birthplace Ab			
Name of person giving Information	W L W. Seabrook		How related to deceased Husband			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Heart Failure

How long

Immediate

How long

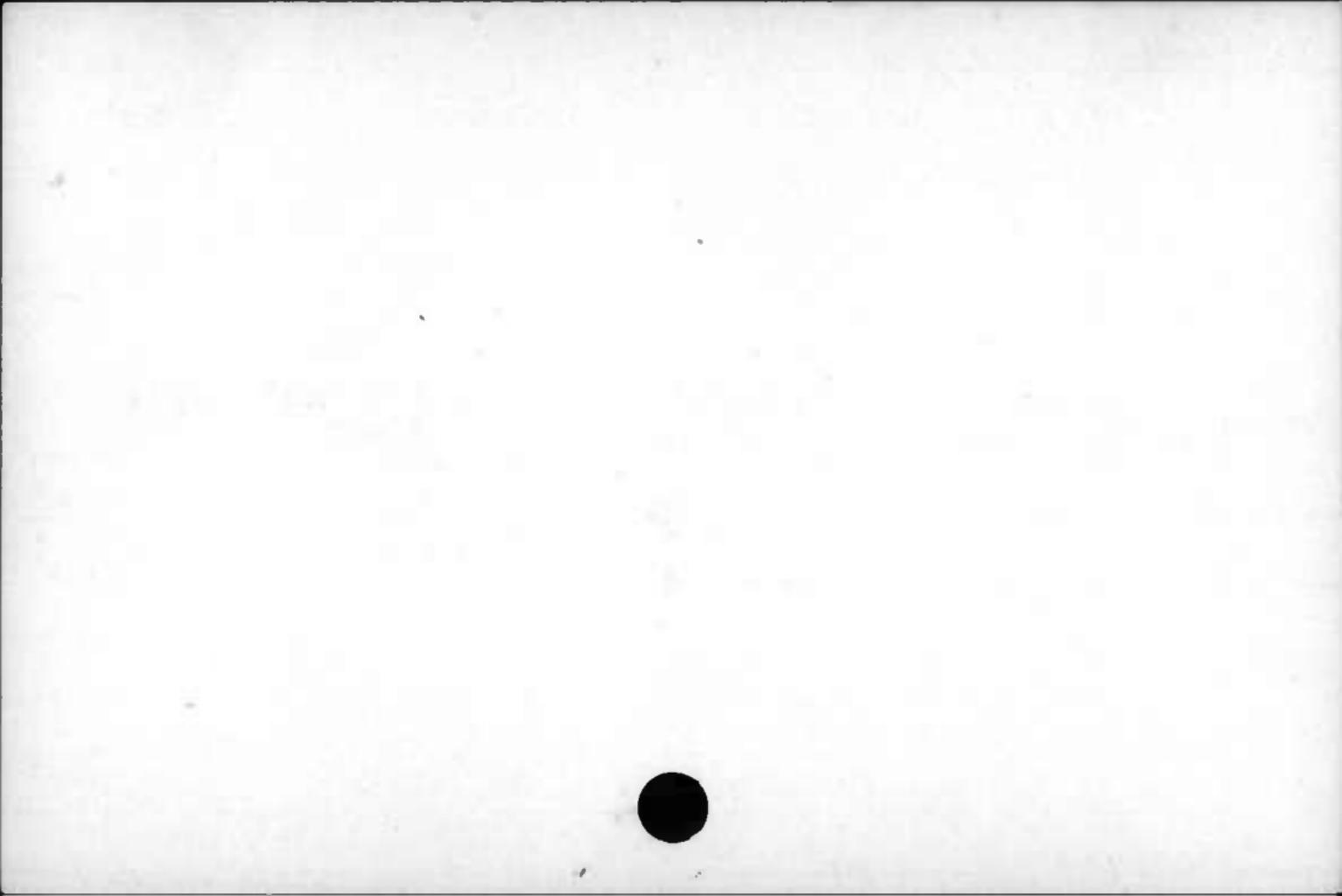
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. M. Sullivan
146 Main St

Accident or Suicide?



Name
in
Full

Mary Jane Sellers

175

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	mar	29	64	6	4	
Sex	Female	Color or Race	White	Birth-place	Florida	
Occupation	Housekeeper	Where Residing if not at place of death			Home	
Married, Single or Widowed	Married	Name of Wife or Husband	George	Sellers		
Father's Name	Jorraine Green	Father's Birthplace			Carroll Co Md	
Mother's Maiden Name	Wouri Woodward	Mother's Birthplace			Unknown	
Name of person giving information	George Sellers	How related to deceased			Husband	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Abdominal Tumor		Several years
Immediate	Cystitis & Dilated Heart		6 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Woodward
		Address	Wilsteinstr. Md.
Accident or Suicide?	No	✓	

St John's Leisless
Cemetery
Stone.

Name
in
Full

Alice Virginia Shaeffer

No 160

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Carroll Co Md	
Occupation	Housewife					
Where Residing if not at place of death	House					
Married, Single or Widowed	Married	Name of Wife or Husband	Greenvale Shaeffer			
Father's Name	Daniel	Bush	Father's Birthplace Carroll Co Md			
Mother's Maiden Name	Margret Aruacost	Mother's Birthplace			" " "	
Name of person giving information	William Shaeffer	How related to deceased			Son	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Consumption Plus Pneumonia -

How long

One week

Immediate Cardiac & Heart Failure

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Gas. H. Billingsler M.D.

Westminster Md

Accident or Suicide?

No

St Benjamins cemetery
Stones

Name
in
Full

William Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	March	9"	89		
Sex	male	Color or Race	White	Birth-place	Balt. City
Occupation	Seaman				
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown		
Father's Name	Unknown				
Mother's Maiden Name	Dorothy Whipple				
Name of person giving Information	Hospital record				

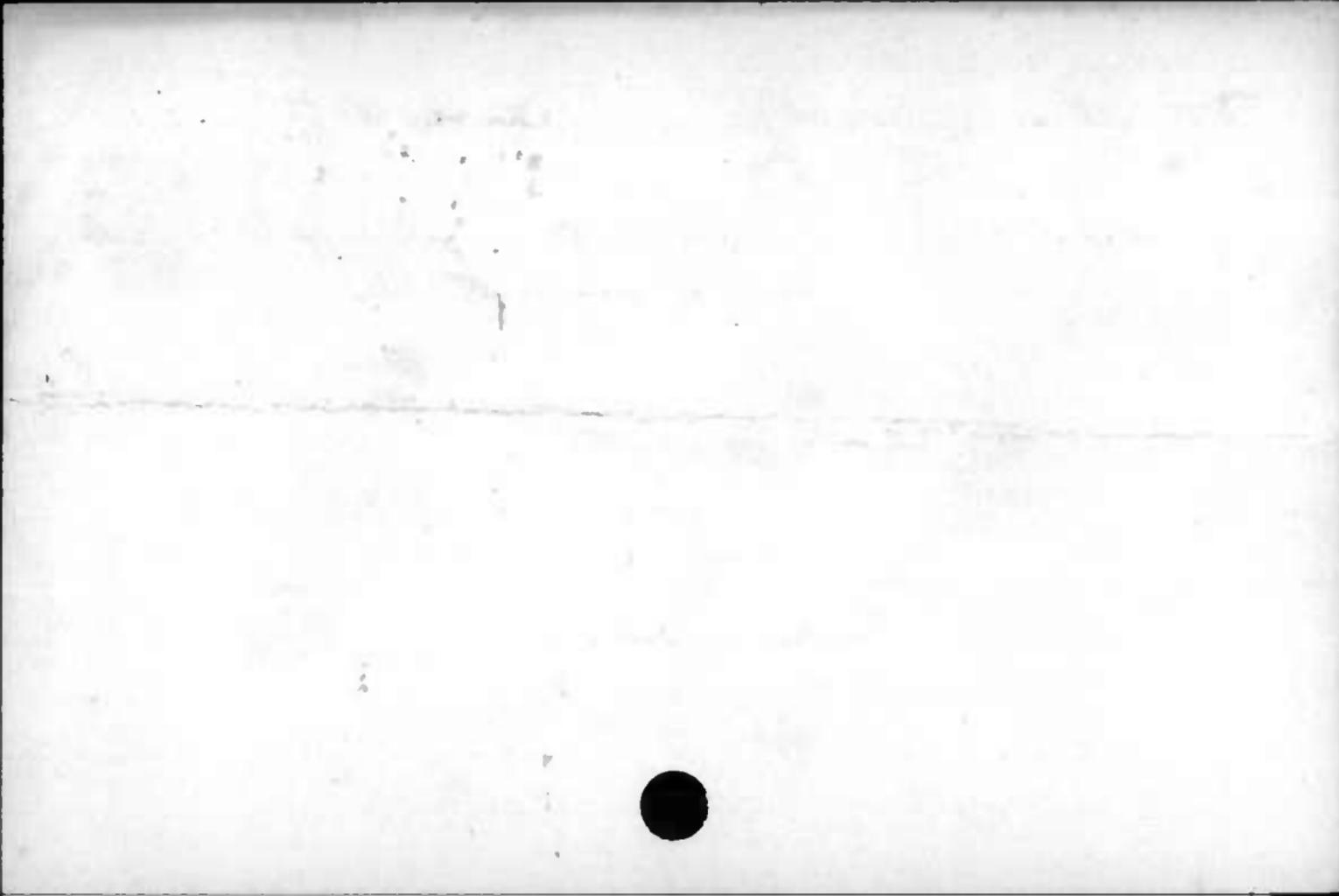
CAUSES OF DEATH

Primary	Senile dementia 92	
Immediate	Broncho-pneumonia	
Are the name, age, sex, color, date and place correctly given above?		yes
		Signature of Physician
		Address
Accident or Suicide?	No	

How long about 1 yr

How long 22 days

Chas. J. Carey
Sykesville Md.



Raynard Russell Shifley				MARYLAND		
Died at		Town	County			
Smallwood		Gardner				
Date of death	Month	Day	Age	Years	Months	Days
1901	March	13			1	13
Sex	male	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harry C Shifley					Maryland
Mother's Maiden Name	Golda. Hamilton					Edo
Name of person giving Information	Harry C Shifley					Father
CAUSES OF DEATH						
Primary	Acute Indigestion					How long
Immediate	Heart Failure					3 hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		T. J. Coonan M.D.	
			Address		Washington	
Accident or Suicide? <input checked="" type="checkbox"/>						

Deer Park
Smallwood

Name
in
Full

John Sidell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hosp.		County Carroll		MARYLAND	
Date of death 1907	Month March	Day 16	Years 55	Months	Days
Sex Male	Color or Race White	Birth-place Unknown			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	/			
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name "	Mother's Birthplace "				
Name of person giving information Hosp. records	How related to deceased				

CAUSES OF DEATH

Primary

La Grippe

(10)

How long

25 days

Immediate

Broncho-pneumonia

How long

21 "

PHYSICIAN
OR CORONER

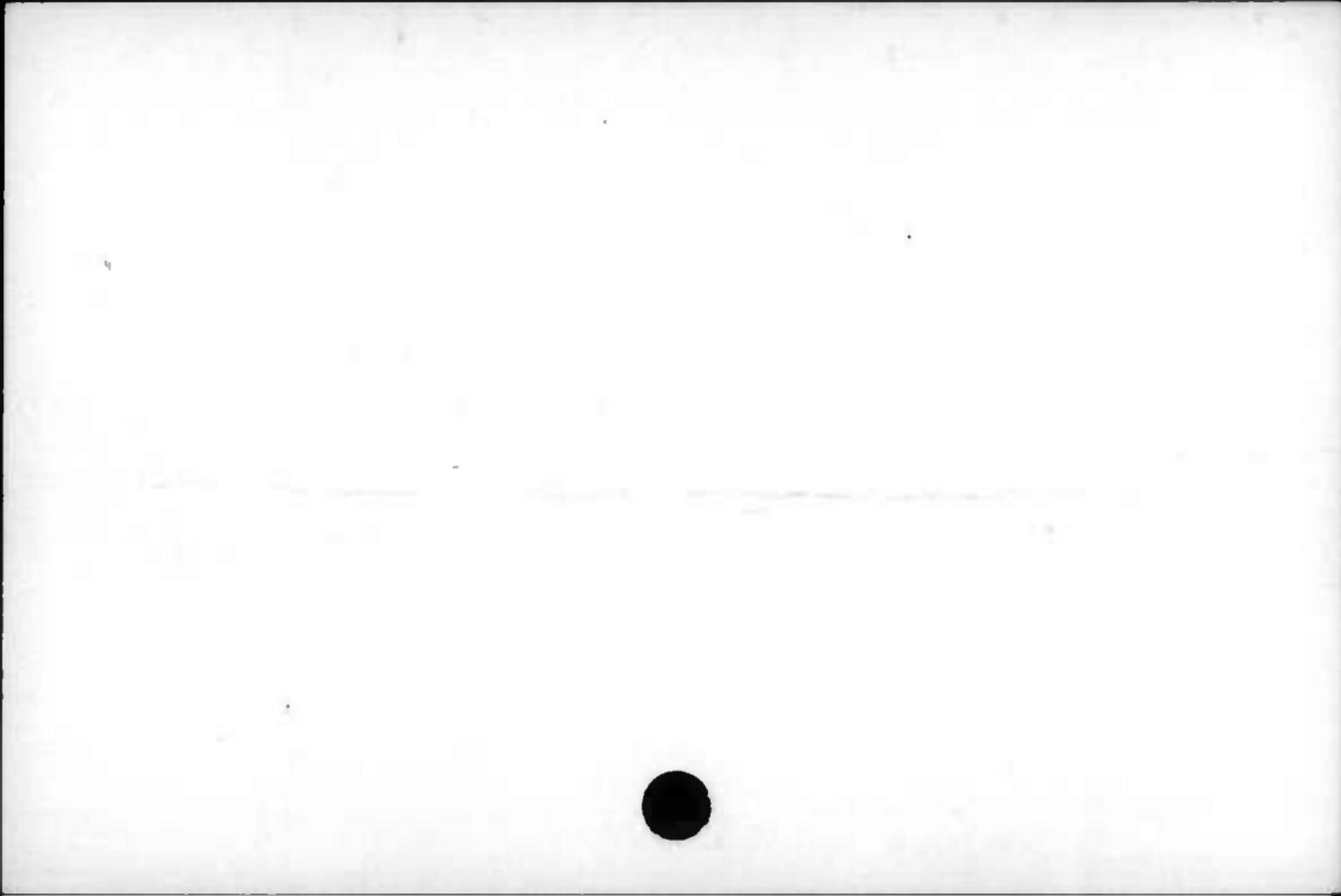
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. J. Casey
Lykensville Md.

Accident or Suicide?



Name
in
Full

Susan Rebecca Steever

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital -		Carroll County		MARYLAND	
Date of death 1907	Month 3 rd	Day 14 th	Age 77	Months -	Days -
Sex Female	Color or Race white	Birth-place Washington D. C.			
Occupation house		Where Residing if not at place of death Unknown			
Married, Single or Widowed Widow	Name of Wife or Husband Unknown	Father's Birthplace Washington D. C.			
Father's Name Deleplace Giffen	Mother's Birthplace "				"
Mother's Maiden Name Elizabeth ?					
Name of person giving Information Hospital Records	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis

81

How long

?

Immediate

Ex Haustion

How long

?

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. Henry Fisher

Sykesville

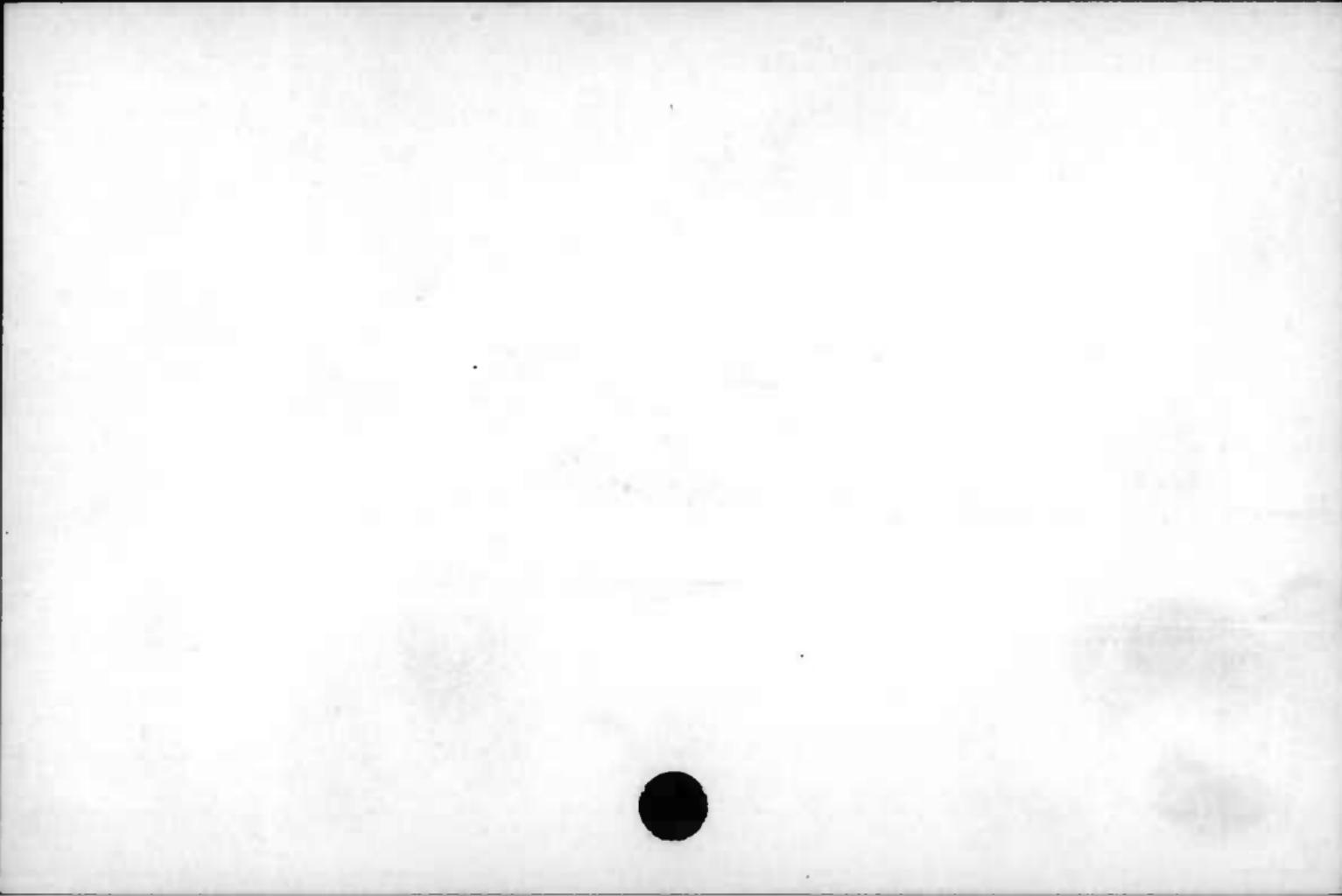
Address

Accident or Suicide?

No.

V

md.



Name
in
Full

Earle William Stonesifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Taneytown Dist	Carroll				
Date of death 1907	Month 3	Day 22	Age 7 years	Months 36	Days Hours
Sex Male	Color or Race White		Birth-place Taneytown Dist		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		/		
Father's Name	John Stonesifer		Father's Birthplace	/	
Mother's Maiden Name	Minnie Fledge		Mother's Birthplace	/	
Name of person giving Information	John Stonesifer		How related to deceased	/	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Infantile Unknown

/

36 Hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

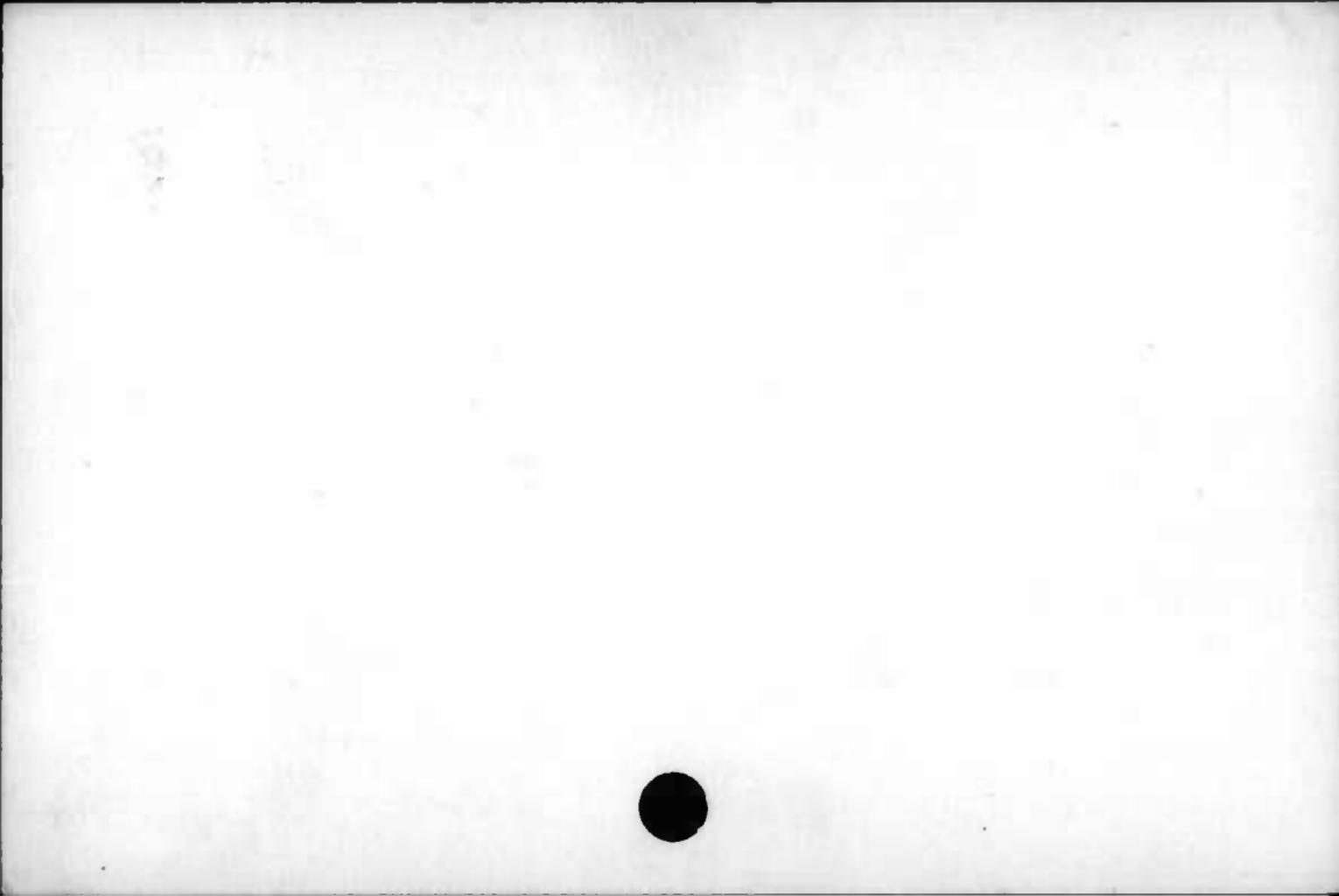
Signature of Physician

Address

616 Miller Rd

✓ Pers. E. O. Fuss

Accident or Suicide?



Name
in
Full

No 161
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>12</u>	Age <u>24</u>	Years	Months <u>6</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>Home</u>					
Occupation <u>Housewife</u>							
Married, Single or Widowed <u>married</u>	Name of WIFE or Husband <u>Clarence Shaeffer</u>						
Father's Name <u>Rodman Shaeffer</u>			Father's Birthplace <u>Carroll Co Md</u>				
Mother's Maiden Name <u>Jennie Dayhoff</u>			Mother's Birthplace				
Name of person giving information <u>Clarence Stoner</u>			How related to deceased			<u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Constitutional -

(27)

How long

2 years

Immediate

Heart Failure

How long

2 years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Ridings, M.D.
Westminster Md

Accident or Suicide?

No

St Benjamins Cemetery
Stones.

Name
in
Full

Leah Slover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tuney town		County	MARYLAND		
Date of death	1907	Month 3	Day 9	Age 90	Months 4	Days 11
Sex	Female	Color or Race	white	Birth-place	Pa	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Gabriel Slover	Father's Birthplace	unknown	
Father's Name	Jacob F. Fiddicom			Mother's Birthplace	unknown	
Mother's Maiden Name	unknown			How related to deceased	daughter	
Name of person giving Information	Katie Slover				daughter	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Old age

How long

Immediate

grey
grey

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

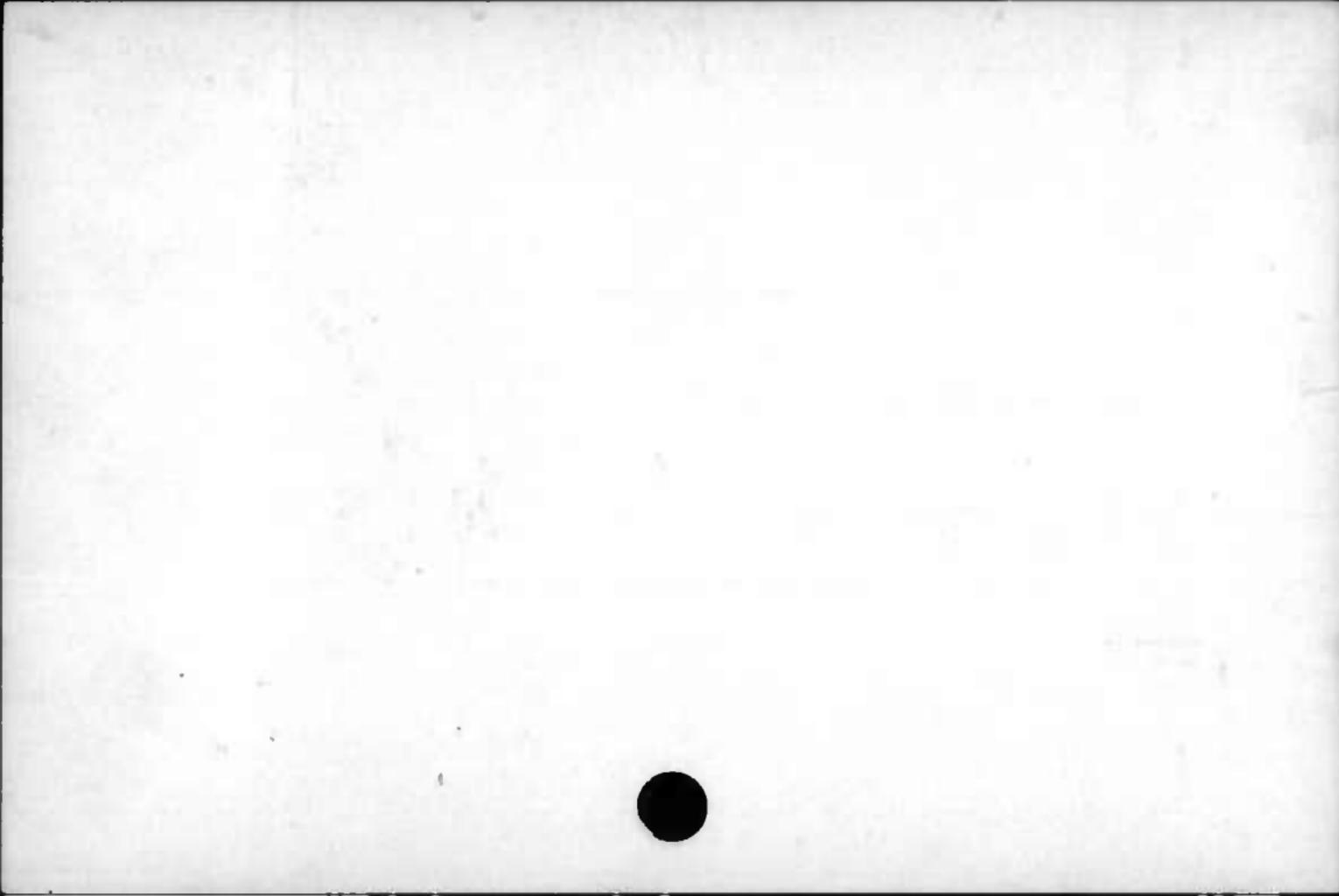
Signature of Physician

Address

Le. Birnie M.D.

Tuney town

Accident or Suicide?



Name
in
Full

David Stultz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mill date</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>15</u>	Years <u>7-3</u>	Months <u>10</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>W</u>	Birth-place <u>Md</u>			
Occupation <u>Labor</u>	Where Residing if not at place of death <u>Mill date</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Elizabeth Stultz</u>				
Father's Name <u>Abraham Stultz</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Catherine Harris</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Jessie Trite</u>	How related to deceased <u>son in law</u>				
CAUSES OF DEATH					
Primary <u>Chronic Diffuse Nephritis with Edema.</u>					
Immediate <u>Suffusion of Urine</u>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long <u>about 4 months</u>	
				How long <u>6 days</u>	
				Address <u>Doctors Office, Carroll, Md.</u>	
				Signature <u>David Stultz</u>	
				Place <u>Mill Windsor</u>	
				Date <u>May 2nd</u>	

PHYSICIAN
OR CORONER

Primary

Chronic Diffuse Nephritis with Edema.

How long

about 4 months

Immediate

Suffusion of Urine

How long

6 days

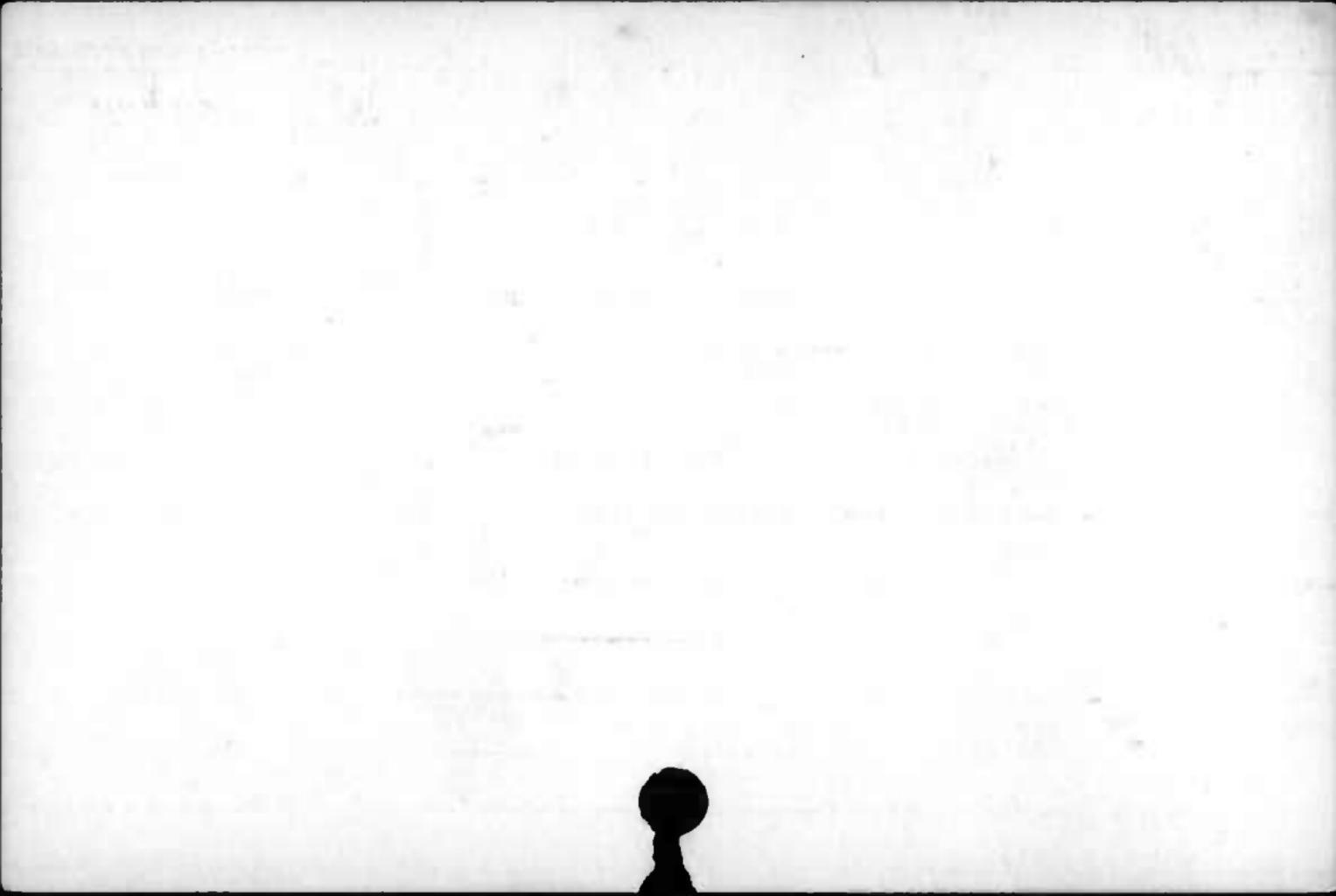
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Doctors Office, Carroll, Md.

Accident or Suicide?



Rebecca E Jagg

Town

Union Mills

County

Caroline

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1907 March

4th

Age

60

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House Maid

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Jagg

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Ann Stonesifer

Mother's
BirthplaceName of person giving
Information

Rebecca E Jagg

How related
to deceased

CAUSES OF DEATH

Primary

27

How long

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?

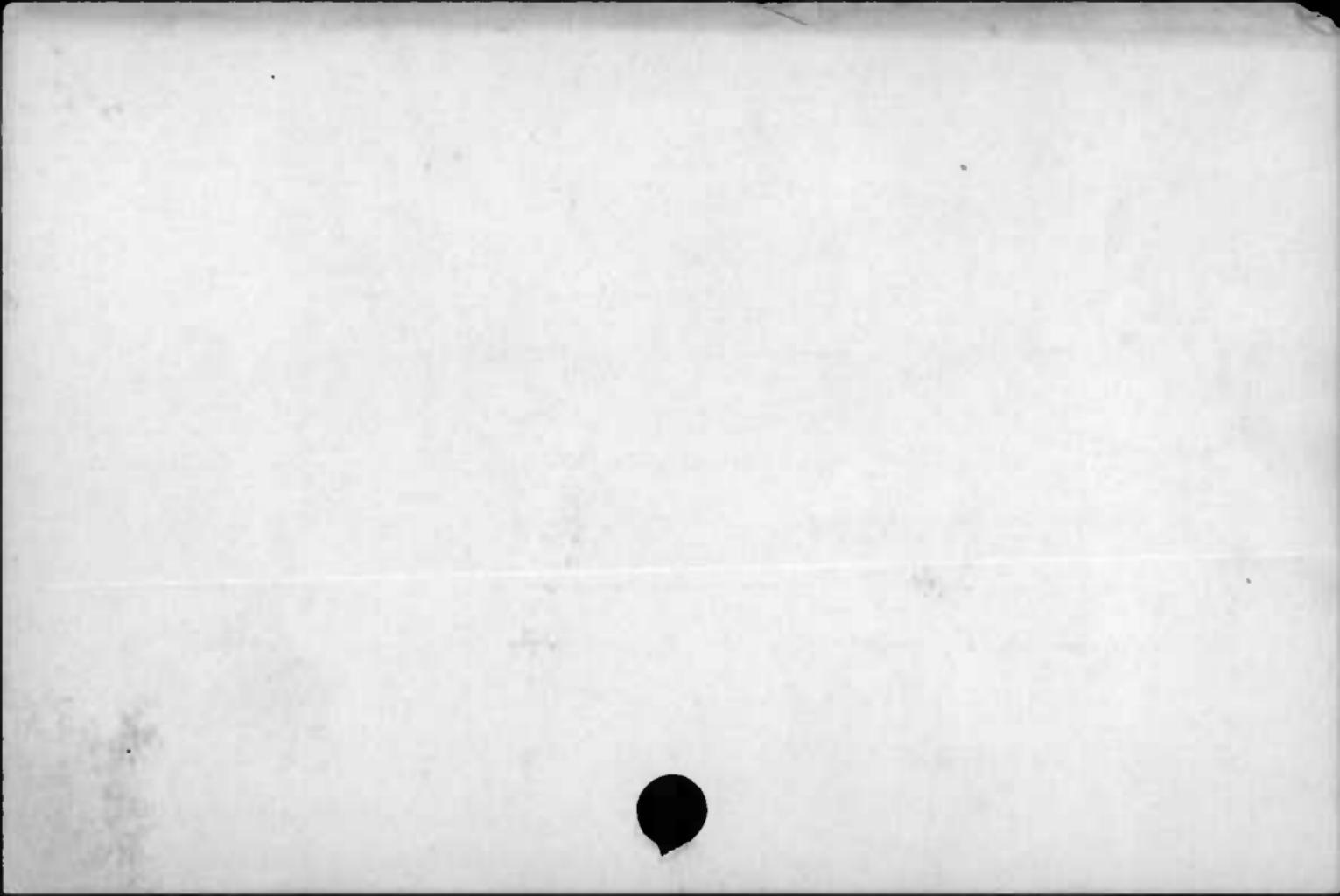
Yes

Signature of
Physician

Address

J. J. Stewart
Physician
MD

Accident or Suicide?



Name
in
Full

Vachel R. Thompson

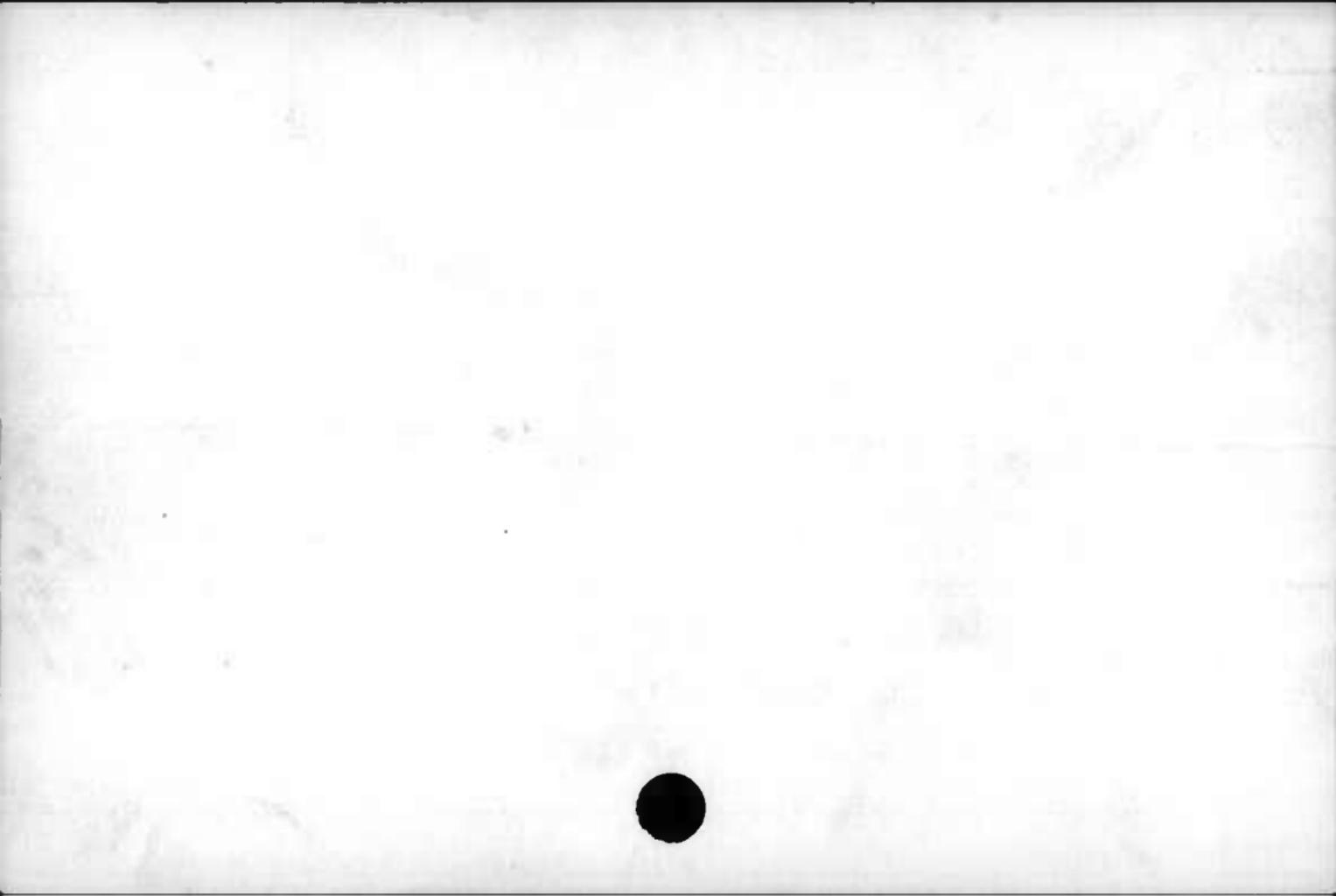
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Springfield Hosp.	Carroll		
Date of death 1907 March 22	Month	Day	Years
Age 59			Months
Sex male	Color or Race	White	Days
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife Husband	A Mauda F Myers	
Father's Name John Thompson	Father's Birthplace Md		
Mother's Maiden Name —	Mother's Birthplace Md		
Name of person giving information Hospital Record	How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	mama	(18)	How long
	Immediate	Empyema		7 mos.
Are the name, age, sex, color, date and place correctly given above?		yes.	(18)	How long
				9 days.
Signature of Physician		J. C. Lelaw & Son		
Address		Syracuse, N.Y.		
Accident or Suicide?		✓		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Charles Washington

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband	—			—
Father's Name	—			Father's Birthplace	
Mother's Maiden Name	—			Mother's Birthplace	
Name of person giving Information	Calib Hale			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Explosion	179	How long	—
Imme.	After Rebounds		How long	—

Are the name, age, sex, color, and place correctly given above?

yes

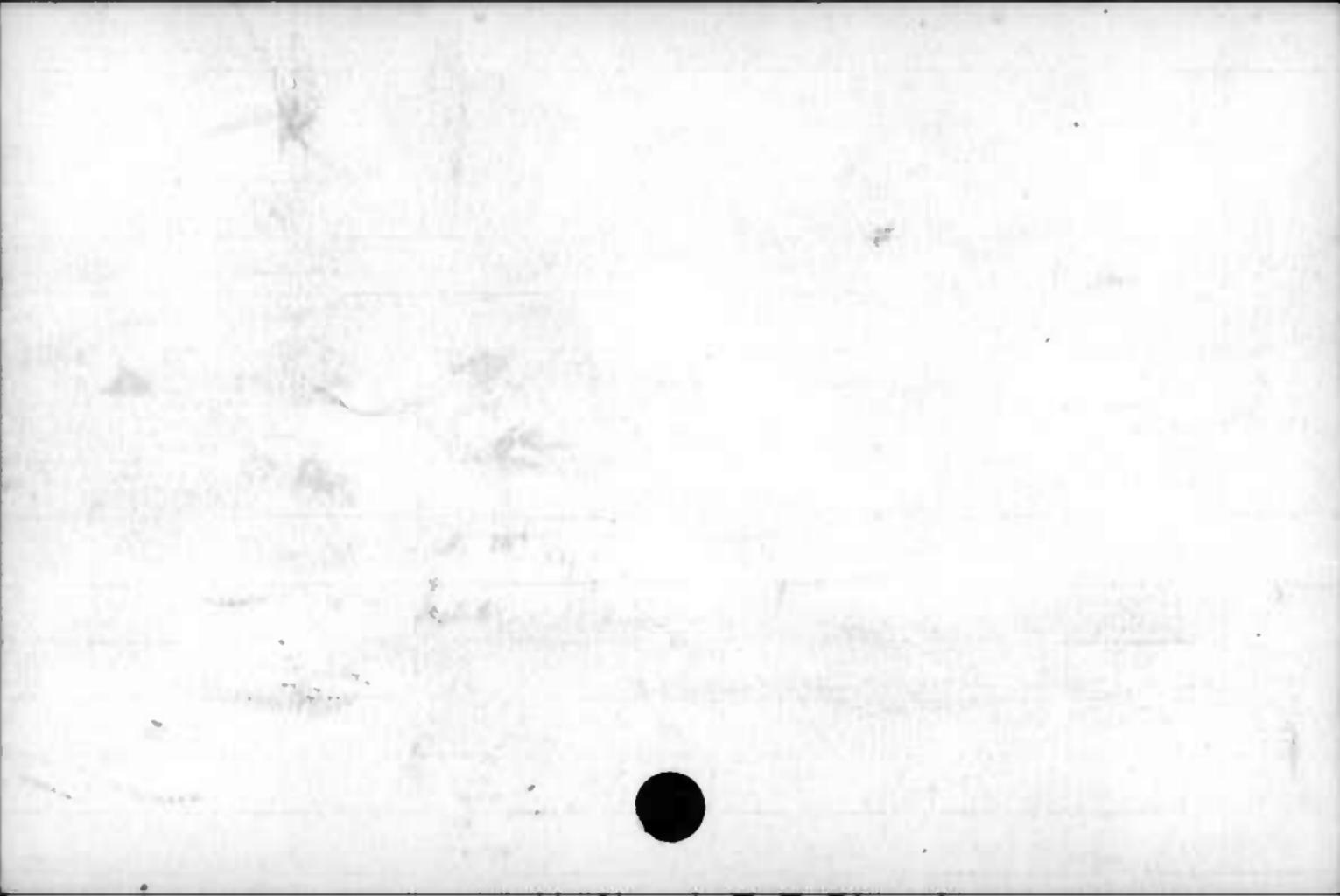
Signature of
Physician

Coroner

Address

Henry F. Leuey
Coroner

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	42	5-	10
Occupation	Where Residing if not at place of death	Frizzellburg Pleasant Valley			
Married, Single or Widowed	Name of Wife or Husband	Anna P. Wantz Howard S. Wantz			
Father's Name	Jacob Rueharts				Father's Birthplace
Mother's Maiden Name	Maggie A. Grabill				Mother's Birthplace
Name of person giving information	Dr. Jacob Rueharts				How related to deceased

CAUSES OF DEATH

27

Primary	Ca Cuppe	How long	2 wks.
Immediate	Tuberculosis	How long	8 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jacob Rueharts M.D.
		Address	Frizzellburg Carroll Co Md.
Accident or Suicide?			

Buried at

Baust. Chonvali

Harrison Stearns

CERTIFICATE OF DEATH

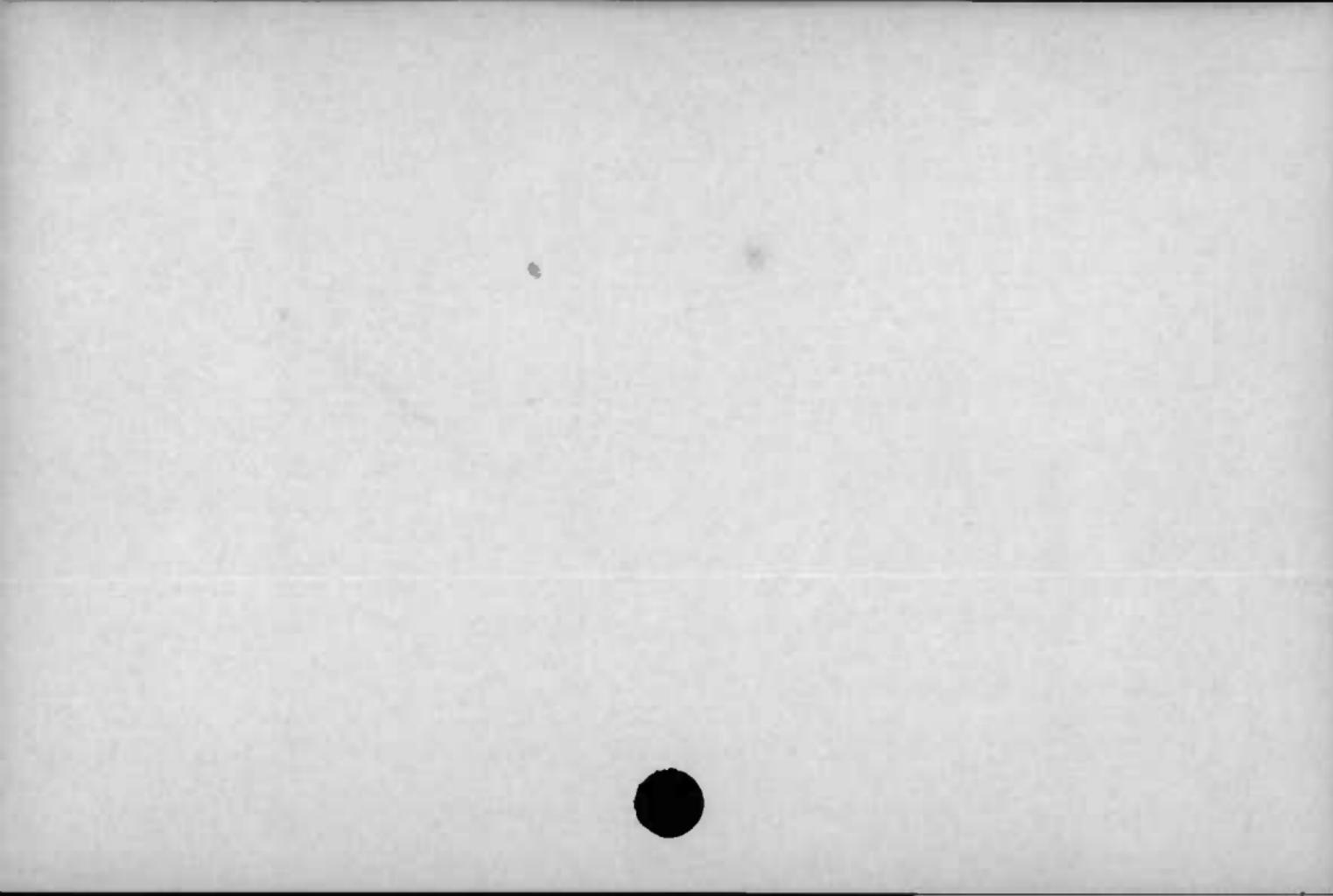
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1907	McL.	7	Age 91	3	5		
Sex	Male	Color or Race	White	Birth-place Pennsylvania			
Occupation	Merchant		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Cassandra Harbaugh			
Father's Name	Natalie Stearns			Father's Birthplace	Pa		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	John H. Stearns			How related to deceased	Son		

CAUSES OF DEATH

154

Primary	Fracture Left Fibula	How long	hours
Immediate	Physical Chastisement	How long	hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lester Stearns
		Address	Glenmont Md.

Accident or Suicide?



Helen Weisert

20169
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Walter Weisert			Father's Birthplace	Carroll Co Md	
Mother's Maiden Name	Louisa Witter			Mother's Birthplace		
Name of person giving Information	Walter Weisert			How related to deceased	"Father"	

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary

Gastro-Intestinal Irritation

How long

36 hours

Immediate

Convulsions

How long

8 "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. Woodward
Westminster
Md.

Accident or Suicide?

No

St Benjamin's Cemetery
Stretton.

Name
in
Full

Wilhelmina Weisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	77	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	?	Weisner		
Father's Name	Appelt	Germany			Germany
Mother's Maiden Name	Unhagin	Germany			Germany
Name of person giving Information	Mrs. Flora T. Sverveer	How related to deceased			daughter.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Dementia

(154)

How long over
six years.

Immediate Exhaustion

How long —

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

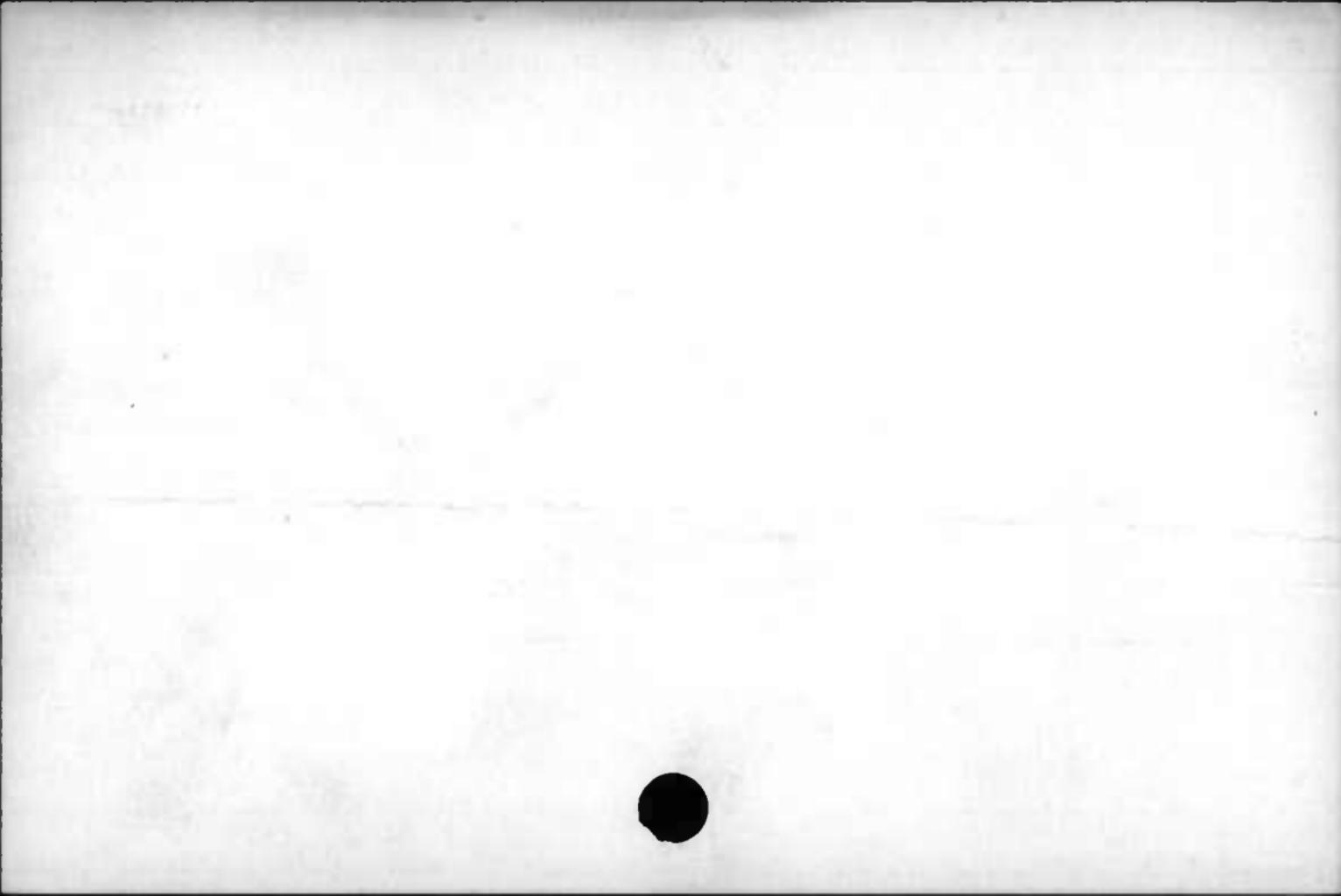
Address

John Norfolk Morris M.D.

Springfield Hospital

Accident or Suicide? —

✓ Sykesville Carroll Co. Md.



Name
in
Full

Willa Wright
Bennett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Carroll County
Baltimore Maryland
Date Month 3 Day 8 Years 16 Months — Days
of death 1907

Sex Female Color or Race Colored Birth-place Carroll Co. Md

Married, Single or Widowed Single Occupation House Labor

Name of Wife or Husband

Gust Wright (deceased)

Father's Birthplace

Carroll Co. Md.

Father's Name

Gust Wright (deceased)

Father's Birthplace

Carroll Co. Md.

Mother's Maiden Name

Rachael Costley

Mother's Birthplace

Baltimore Co. Md.

Name of person giving information

Rachael Costley

How related to deceased

Mother

CAUSES OF DEATH

28

Primary

Tuberculosis Neumonitis

How long

2 weeks

Immediate

11

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E D Smith
Winfield Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

White Rock

Vincent Yingling

Town

County

No 157

CERTIFICATE OF DEATH

MARYLAND

Died et

Month

Day

Years

Months

Days

Date
of death 1907

Month

Day

Years

Months

Days

March

7

34

1

8

Date
of death 1907

Month

Day

Years

Date
of death 1907

Month

Day

(61)

Primary

Arthritis Deformans of spine several years

Immediate

Acute meningitis about 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Chas. R. Gandy, M.D.

Address

Westminster

Accident or Suicide?

Md

Dr John Cawelti